


PX11

PPS Attachment J

Snow Sale Account Documents

V-3

MERCHANT APPLICATION					
		Merchant # _____			
		<input checked="" type="checkbox"/> New Location <input type="checkbox"/> Additional Location 11835 W. Olympic Blvd • Ste 650E • Los Angeles, CA 90064 Tel: 310.220.0624 • Fax: 310.602.6282 www.gmapay.com			
		SWD*SparkWhiteningDirect			
Business Information <small>Note: Your Business Legal Name and Tax ID Number must be entered exactly as it appears on your income tax return or on your SS-4 Employer Identification Number (EIN) letter to avoid fees and income withholding by the IRS.</small>					
Legal Name (as it appears on your income tax return): Snow Sale, LLC			Name of Account (Doing Business As): www.sparkwhiteningdirect.com		
Legal Address: 4845 Pearl East Circle, Ste. 101			Physical Street Address (No P.O. Box): 4845 Pearl East Circle, Ste. 101		
City: Boulder	State: CO	Zip: 80301	City: Boulder	State: CO	Zip: 80301
Phone #: (303) 544-2182	Contact: Brian Lint		DBA Phone #: (888) 547-1781	Fax #: (303) 530-0771	
Must Choose One Mailing Address: <input type="checkbox"/> DBA Address <input checked="" type="checkbox"/> Legal Address			E-Mail Address: brian@sparkwhiteningdirect.cc		
Website Address: www.sparkwhiteningdirect.com					
Federal Tax # 2711858344		# of Locations 1	Years In Business 4	Years Owned Business 4	
Place of Legal Formation: Colorado			Country of Primary Business Operations: USA		
Bank Reference: Great Western Bank			Contact: Pat Walton		Phone #: (303) 225-7425
Owners or Officers - Individual Ownership Must be Equal to or Greater than 50%					
Name: 1. Brian Lint		Title: Manager	Date of Birth: 7/1	Applicant's SS #: [REDACTED]	% Equity Ownership: 80
City: Henderson		State: NV	Zip: 89015	# Years: 5 mos	
US Government Issued ID#: [REDACTED]		Type of ID: DL	Expiration Date: 2/14/17	Country of Citizenship (if not US): [REDACTED]	
Name: 2.		Title: [REDACTED]	Date of Birth: [REDACTED]	Applicant's SS #: [REDACTED]	% Equity Ownership: [REDACTED]
Residence Address: [REDACTED]		City: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]	# Years: [REDACTED]
US Government Issued ID#: [REDACTED]		Type of ID: [REDACTED]	Expiration Date: mm/dd/yyyy	Country of Citizenship (if not US): [REDACTED]	
Business Profile Sales Profile					
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Assoc/Estates/Trusts <input type="checkbox"/> Joint Venture <input type="checkbox"/> Government <input type="checkbox"/> Corporation (Privately Traded) <input type="checkbox"/> Corporation (Publicly Traded) <input type="checkbox"/> Medical or Legal Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt Org <input type="checkbox"/> Single Member LLC <input checked="" type="checkbox"/> Multi Member LLC <input type="checkbox"/> Civic Assoc <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Political Org <input type="checkbox"/> Other			Merchant Type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Home Based <input type="checkbox"/> Other		
Type of Goods or Services Sold: TEETH WHITENING			SIC Code: 5968		
Do you currently accept Discover/Visa/Mastercard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, you should submit 3 current months' statements.)</small>			Name of Current Processor: NMA, RMS, USMS		
Has Merchant or any associated principal disclosed below filed bankruptcy or been subject to involuntary bankruptcy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Discover/Visa/MasterCard Sales Profile Be Accurate: Card Swipe _____ % Manual Key Entry with Imprint, _____ % Card Present _____ % Mail Order/Telephone _____ % Internet _____ 100 % Total = _____ 100 %		
Business Trade Suppliers - List Two					
Name: Sunshine Health		Address: Oakland Park, FL	Contact: Ralph Morton	Phone #: (854) 493-5469	
Name: Verifi		Address: Los Angeles, CA	Contact: Shane Lynch	Phone #: (323) 656-5789	
Merchant Site Survey Report - To Be Completed by Sales Representative					
Merchant Location: <input type="checkbox"/> Retail Location with Store Front <input checked="" type="checkbox"/> Office Building <input type="checkbox"/> Internet <input type="checkbox"/> Residence <input type="checkbox"/> Other					
Area Zoned: <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential Square Footage: <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001+					
Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain:					
The Merchant: <input checked="" type="checkbox"/> Owns <input type="checkbox"/> Leases the Business Premises Landlord Name & Phone #: N/A					
Further Comments by Inspector (Must Complete)					
I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.					
Verified and Inspected by: X		Office #: 12476	Representative [Signature]	Representative Signature: [Signature]	Date: 7.15.2014

Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL

Rev2. 09/25/13
Page 1 of 13

Discover / Visa / Mastercard Standard Retail / High Risk Retail Rates				Mail / Phone / Internet / Touchtone Rates			
Merchant Chooses to accept the following:				Merchant Chooses to accept the following:			
DISCOVER (Other Cards) Discount Rate: _____				DISCOVER (Other Cards) Discount Rate: <u>4.25 %</u>			
USMC Discount Rate for Debit Cards: _____				USMC Discount Rate for Debit Cards: <u>4.25 %</u>			
Fees				Fees			
DISCOVER Transaction Fee: _____ Per Item Non-Sanitized Transaction Fee: _____ Per Item Non-Sanitized: _____ % Discount Rate Statement Fee: _____ Per Item VISA Online Service: _____ Monthly Monthly Minimum: _____ Monthly Annual Fee: _____ Per Year Debit Transaction Fee Plus Network Fee: _____ Per Item EBT Transaction Fee: _____ Per Item EBT Statement Fee: _____ Monthly Batch Fee: _____ Per Batch Manual Imprinter: <u>OTC</u> <u>BL</u> <u>25.00</u> <u>\$25.00</u> Per Item Changeback Fee: _____ Per Item ACH Reject Fee: <u>\$25.00</u> Per Item Refund Fee: <u>\$5.00</u> Per Item Voice Authorization Fee: <u>\$0.25</u> Per Call Gateway Access Fee: _____ Monthly AFS Surcharge: _____ Per Item Government Compliance Fee: <u>\$0.95</u> Per Month TIN Mismatch Fee: <u>\$0.00</u> Per Month Donate/Wash Fee: <u>\$0.00</u> Per Month Early Termination Fee: <u>\$0.00</u> One Time				DISCOVER Transaction Fee: <u>10.25</u> Per Item Non-Sanitized Transaction Fee: _____ Per Item Non-Sanitized: _____ % Discount Rate Statement Fee: <u>\$10</u> Monthly VISA Online Service: _____ Monthly Monthly Minimum: <u>\$150</u> Monthly Annual Fee: <u>199</u> Per Year AFS Surcharge: _____ Per Item Batch Fee: <u>10.10</u> Per Batch Manual Imprinter: <u>OTC</u> <u>BL</u> <u>25.00</u> <u>\$25.00</u> One Time Changeback Fee: <u>125.00</u> Per Item ACH Reject Fee: <u>\$25.00</u> Per Item Refund Fee: <u>\$5.00</u> Per Item Voice Authorization Fee: <u>\$0.25</u> Per Call Gateway Access Fee: _____ Monthly Government Compliance Fee: <u>\$0.95</u> Per Month TIN Mismatch Fee: <u>\$0.00</u> Per Month Donate/Wash Fee: <u>\$0.00</u> Per Month Early Termination Fee: <u>\$495</u> One Time			
Misc Fees: Start Mo/Yr: Amount: Term: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ % of Volume and/or \$ _____ per Item				Misc Fees: Start Mo/Yr: Amount: Term: #1 <u>GR. SET UP</u> <u>\$150</u> <u>ONE TIME</u> #2 <u>GR. MONTHLY</u> <u>\$150</u> <u>MONTHLY</u> #3 _____ #4 _____ #5 _____ % of Volume and/or \$ _____ per Item			
<p>1) I/We understand and agree that while my/our Discount Rate as stated above will be charged on most electronically authorized payment card transactions initiated and closed daily, charges up to 5% higher than my discount rate may apply where additional criteria is not met. Examples of where higher rates may apply include but are not limited to, MOTO, keyed in transactions, transactions without AFS, business and foreign card transactions (See Section 7.3 for further information on Discount Rates 2 and 3). 2) Pass-through Association fees include Visa Acquiring Processing Fee, Visa Misuse of Auth Fee, Visa International Service Assessment Fee (ISA), Visa Zero Flow Limit Fee, Visa International Acquirer Fee, MC Acquirer Program Support Fee, MC Cross Border Fee, and the MC Network Access and Brand Usage (NABU) Fee. Please visit the Association's website for further details. 3) By checking the "Yes" checkbox, I acknowledge that I am using a third party to store, process or transmit cardholder data. <input type="checkbox"/> Yes Give name/address: (examples include, but not limited to hosting companies, shopping carts, Loyalty Programs, Electronic Data Capture). Please identify any software used for storing, transmitting or processing Card Transaction or Authorization requests.</p>							
My Merchant's Benefits Club							
<input checked="" type="checkbox"/> The representative has explained the My Merchant's Benefits Club program to me and I elect to opt out of the program. I understand I can opt into the program at any time and benefit from great deals, including equipment support and replacement per terminal/peripheral (where applicable), as well as great discounts for items such as car rentals, hotels, office supplies, health, legal services and more for my company and employees for an additional fee of \$14.95 per month.							

► American Express

Estimated Annual American Express Charge Volume \$ _____ Average Ticket \$ _____

☐ **American Express ESA** Existing ESA/SE _____ Merchant CAP _____
 Discount Rate _____ % Per Transaction Fee % _____
 OR PrePaid Discount Rate _____ % PrePaid Per Transaction Fee \$ _____
☐ **New American Express OnePoint** Discount Rate _____ % Per Transaction Fee \$ _____
 PrePaid Discount Rate _____ % PrePaid Per Transaction Fee \$ _____

All fees are applicable to OnePoint and ESA unless otherwise stated.
 Card Not Present (CNP) Fee
 inbound Fee: 0.50% Downgrade
 0.40% Downgrade for all Cross-Border Transactions

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity, which agrees to be bound by the American Express Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize Cymetrix Data, LLC and American Express Travel Related Services Company, Inc. ("AXP"), and AXP's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies from time to time, and discuss such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Cymetrix Data, LLC and AXP and AXP's agents and Affiliates to inform me directly, or through the contacts of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. Please read the American Express Privacy Statement at <http://www.americanexpress.com/privacy> to learn more about how American Express protects your privacy and how American Express uses your information. I understand that I may opt out of marketing communications by visiting this website or contacting American Express at 1-800-528-6220.

I understand that upon AXP's approval of the application, the entity will be provided with the Agreement and materials welcoming it either to AXP's program for Cymetrix Data, LLC, to perform services for AXP (OnePoint) or to AXP's Standard Card Acceptance program (ESA) which has different servicing terms (e.g. different speeds of pay).

If qualified for OnePoint, I acknowledge that Cymetrix Data will provide merchant instructions on accessing the American Express Terms and Conditions (Agreement for American Express® Card Acceptance American Express OnePoint® Program) and the American Express Merchant Regulations - U.S. including any updates to these regulations as they are made available via <http://www.americanexpress.com/merchantregulations>. Specific instructions will be delivered to the entity via a welcome letter that will go forthwith upon account approval.

I understand that if the entity does not qualify for the Cymetrix Data, LLC, servicing program that the entity may be enrolled in AXP's standard Card acceptance program, and the entity may terminate the Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Agreement.

Merchant Signature _____

Date _____

► Debit/Credit Authorization - Includes a voided check or bank letter verifying bank account information.

Merchant authorizes Cymetrix Data, LLC ("Processor") or BMO Harris Bank N.A. ("Bank") to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depositary transfer checks to and from the following account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement, for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entities in said account concerning lease, rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for supplies and materials. This automated clearing house authorization cannot be revoked until all Merchant obligations under this agreement are satisfied, and Merchant gives Cymetrix Data written notice of revocation.

DDA# 9612

ABA Routing _____

INVESTIGATIVE CONSUMER REPORT An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT, from any of the undersigned individual guarantor(s) or from any other person or entity with financial responsibility under this agreement. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested. By signing below, or clicking I accept, Merchant represents that the information provided in this Application is true, complete and not misleading in any way.

AVERAGE TICKET SIZE: \$39.89

AVERAGE MONTHLY VOLUME: \$50,000.00

Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also, see paragraphs 5A and 15.3 of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant. Processor shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Processor and/or BMO Harris Bank N.A. Chicago, IL. By signing below, you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of the merchant operating guide. These provisions must be read before signing. By signing below, you agree to the terms on the front and back of this MERCHANT Processing Agreement and the merchant operating guide.

► Individual Guaranty - No Titles

As a primary inducement to Processor and Bank to enter into this Agreement, the undersigned Guarantor(s), by signing this Agreement, jointly and severally, unconditionally and irrevocably, personally guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Processor or Bank, as such agreements may exist or be amended from time to time, with or without notice. Guarantor(s) understands further that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to it or any security held by Processor and Bank or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understands that the inducement to Processor and Bank to enter into this agreement is consideration for the guaranty, and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty.

AGREED AND ACCEPTED:

X  7/21/14

#1 From Application - Signature Date

X

#2 From Application - Signature Date

► For All Businesses - Business Resolution

The indicated officer(s) identified in numbers 1 and/or 2 below have the authorization to execute the MERCHANT Processing Agreement on behalf of the here within named business. MERCHANT UNDERSTANDS THAT THIS AGREEMENT SHALL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY BANK AND A MERCHANT NUMBER IS ISSUED.

Snow Sales, LLC

Print Legal Name of Merchant Business

X  7/21/14 BL

#1 From Application - Signature Date

X

#2 From Application - Signature Date

X

Accepted by Processor Date

X

Accepted by BMO Harris Bank N.A., Chicago, IL Date

Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL

Rev 2.08/28/13
Page 3 of 13



TRANSUNION CONSUMER CREDIT REPORT

Subscriber Name: GLOBAL MERCH
 Subscriber Code/Market: F 5756620 12 01
 Results Issued: 4/21/14 15:10 CT

INPUT PARAMETERS FOR PRIMARY SUBJECT

Reference ID:
 SSN: [REDACTED]
 Name: Lint, Brian
 Current Address: [REDACTED]
 Henderson NV.89015

LINT , BRIAN J.

Also Known As:

SSN: [REDACTED]

Phone:

In File Since: 5/91

Date of Birth: [REDACTED]/71

Current Address:

[REDACTED]
 HENDERSON NV. 89015
 Reported 2/14

Previous Address:

[REDACTED]
 BERTHOUD CO. 80513
 Reported 5/12

Previous Address:

[REDACTED]
 LONGMONT CO. 80504

EMPLOYMENT

REVGUARD LLC

Position: DIRECTOR OF O

Start:
 End:

In File Since: 12/13
 Effective: 12/13

SCORING

Type

Score

Explanation

[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

CREDIT INFORMATION Summary (Total History)

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**HIGH RISK CONCURRENCE WRITE-UP**

Date: 7/28/2014

Merchant: Snow Sale, LLC / SWD*SparkWhiteningDirect

Tax ID: 27-1858344

PURPOSE: New

SYNOPSIS OF BUSINESS: Merchant is an online retailer of teeth whitener called Spark Whitening Direct. Products are advertised via www.sparkwhiteningdirect.com. Merchant provides trial / continuity and straight sales.

Continuity sales with requested ATS of \$40 and MV of \$50K.

*****Received 2012 Business tax return & 2013 Tax Extension.**

- 2012 Business Tax shows total income of \$700K.

BANKING: Business

Bank Name	Statement Date	Beginning Balance	Ending Balance	Deposits
Great Western Bank	June 2014	\$21,900	\$15,956	\$123K
Great Western Bank	May 2014	\$22,869	\$21,900	\$95K
Great Western Bank	April 2014	\$27,994	\$22,869	\$121K
Great Western Bank	March 2014	\$14,012	\$27,994	\$87K
Great Western Bank	February 2014	\$6,714	\$14,012	\$37K
Great Western Bank	January 2014	\$153	\$6,714	\$48K

PERSONAL CREDIT:

- [REDACTED]

RISK EXPOSURE DETAILS:

- 10 Day Trial \$4.90; followed by monthly subscription of \$94.31.
- Delivery: 1-3 days via USPS.
- Refunds: 30 days

SUMMARY:

- Merchant is an online retailer of teeth whitener called Spark Whitening Direct. Products are advertised via www.sparkwhiteningdirect.com. Merchant provides trial / continuity and straight sales.
- Merchant using Verifi as a CRM.
- Account approved for \$25K with 10% RR
- G2 SPM / GMA monitoring

Snow Sale LLC 4845 PEARL EAST CIR STE 101 Boulder, CO 80301		GREAT WESTERN BANK 78-873/914	2001
PAY TO THE ORDER OF			\$
VOID			DOLLARS
MEMO			
⑈00200⑈			9612⑈

Details on Back
Intuit® CheckLock™ Secure Check

Snow Sale LLC

2001

Snow Sale LLC

2001

Print Form



MERCHANT ACCOUNT CHANGE REQUEST FORM

CURRENT INFORMATION	
DATE: 8/31/15	MID: [REDACTED] 1657
DBA NAME: Spark Whitening Direct	
LEGAL NAME: Snow Sale, LLC	
DBA ADDRESS: 4845 Pearl East Circle, Ste. 101, Boulder, CO 80301	

CHANGE(S) REQUESTED (Please check all applicable)

___ DBA Name: _____

___ DBA Address: _____

___ DBA Phone Number: _____

___ DBA Fax Number: _____

___ Mailing Address: _____

___ Email Address: _____

___ Web Address: _____

Bank Account Changes **Provide a Copy of a Pre-Printed Voided Check

☒ New Routing Number: [REDACTED]

☒ New Account Number: [REDACTED] 2479

All changes that are requested must be signed by the person who signed the original merchant application. (Owner of the merchant account)

Print Name: Brian Lint

Signature: [Handwritten Signature]

Global Merchant Advisors


042011



PX11

PPS Attachment K

Snow Sale Account Documents

MERCHANT APPLICATION					
		Merchant # _____			
		<input checked="" type="checkbox"/> New Location <input type="checkbox"/> Additional Location 11835 W. Olympic Blvd • Ste 650E • Los Angeles, CA 90064 Tel: 310.220.0624 • Fax: 310.602.6282 www.gmapay.com			
BHR * Bella At Home Results					
Business Information					
Legal Name (as it appears on your income tax return): Snow Sale, LLC			Name of Account (and Business As): Bella at Home Results		
Legal Address: 4845 Pearl East Circle, Ste. 101			Physical Street Address (No P.O. Box): 4845 Pearl East Circle, Ste. 101		
City: Boulder	State: CO	Zip: 80301	City: Boulder	State: CO	Zip: 80301
Phone #: (303) 544-2182	Contact: Brian Lint	DBA Phone #: (877) 766-6239	Fax #: (303) 530-0771		
Must Choose One Mailing Address: <input type="checkbox"/> DBA Address <input checked="" type="checkbox"/> Legal Address			E-Mail Address: brian@bellaathome.com		
Website Address: www.bellaathome.com					
Federal Tax #: 2711858344	# of Locations: 1	Years in Business: 4	Years Owned Business: 4		
Place of Legal Formation: Colorado			Country of Primary Business Operations: USA		
Bank Reference: Great Western Bank			Contact: Pat Walton	Phone #: (303) 225-7425	
Owners or Officers (Individual Ownership/Partnership/Equal Joint Ownership/More than 50%)					
Name: 1. Brian Lint		Title: Manager	Date of Birth: [REDACTED] 71	Applicant's SS #: [REDACTED]	% Equity Ownership: 80
Residence Address: 157 Horizon View Drive		City: Henderson	State: NV	Zip: 89015	# Years: 2 mos
US Government Issued ID#: [REDACTED]		Type of ID: DL	Expiration Date: [REDACTED] 17	Country of Citizenship (if not US): [REDACTED]	
Name: 2		Title:	Date of Birth:	Applicant's SS #:	% Equity Ownership:
Residence Address:		City:	State:	Zip:	# Years:
US Government Issued ID#:		Type of ID:	Expiration Date:	Country of Citizenship (if not US):	
Business Profile					
Type of Ownership: <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Assoc/Estates/Trusts <input type="checkbox"/> Joint Venture <input type="checkbox"/> Government <input type="checkbox"/> Corporation (Privately Traded) <input type="checkbox"/> Corporation (Publicly Traded) <input type="checkbox"/> Medical or Legal Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt Org <input type="checkbox"/> Single Member LLC <input checked="" type="checkbox"/> Multi Member LLC <input type="checkbox"/> Civic Assoc <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Political Org <input type="checkbox"/> Other			Merchant Type: <input type="checkbox"/> Discover/Visa/MasterCard Sales Profile <input type="checkbox"/> Be Accurate <input type="checkbox"/> Card Swipe <input type="checkbox"/> Manual Key Entry with Imprint <input type="checkbox"/> Card Present <input type="checkbox"/> Max Order/Telephone <input type="checkbox"/> Internet <input type="checkbox"/> Home Based <input type="checkbox"/> Other		
Type of Goods or Services Sold: nutra			SIC Code: 5968		
Do you currently accept Discover/Visa/MasterCard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Name of Current Processor: NMA, RMS, USMS		
Has Merchant or any associated principal declared below filed bankruptcy or been subject to involuntary bankruptcy? <input checked="" type="checkbox"/> No			Date: _____		
Business Trade Suppliers (List Two)					
Name: Sunshine Health		Address: Oakland Park, FL	Contact: Ralph Morton	Phone #: (954) 493-5469	
Name: Verifi		Address: Los Angeles, CA	Contact: Shane Lynch	Phone #: (323) 655-5769	
Merchant Site Survey Report (To Be Completed by Sales Representative)					
Merchant Location: <input checked="" type="checkbox"/> Retail Location with Store Front <input type="checkbox"/> Office Building <input type="checkbox"/> Internet <input type="checkbox"/> Residence <input type="checkbox"/> Other					
Area Zoned: <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential					
Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If No, explain: _____					
The Merchant: <input checked="" type="checkbox"/> Owns <input type="checkbox"/> Leases the Business Premises					
Landlord Name & Phone #: N/A					
Further Comments by inspector (Must Complete): _____					
I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.					
Verified and Inspected by: Rachel Leonard		Office #: 12478	Representative Signature: Rachel Leonard	Date: 5/12/14	
Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL					

Discover / Visa / Mastercard Standard Retail / High Risk Retail Rates				Mail / Phone / Internet / Touchtone Rates			
Merchant Chooses to accept the following:				Merchant Chooses to accept the following:			
DISC/VS/MC (Other Cards) Discount Rate: _____				DISC/VS/MC (Other Cards) Discount Rate: <u>4.25%</u>			
VS/MC Discount Rate for Debit Cards: _____				VS/MC Discount Rate for Debit Cards: <u>4.25%</u>			
Fees				Fees			
DISC/VS/MC Transaction Fee: _____ Per Item				DISC/VS/MC Transaction Fee: <u>\$.25</u> Per Item			
Non-Bankcard Transaction Fee: _____ Per Item				Non-Bankcard Transaction Fee: <u>\$.25</u> Per Item			
Non-Bankcard: _____ % Discount Rate _____ Per Item				Non-Bankcard: _____ % Discount Rate _____ Per Item			
Statement Fee: _____ Per Item				Statement Fee: <u>\$ 10</u> Per Item			
VMAS Online Service: _____ Monthly				VMAS Online Service: <u>0</u> Monthly			
Monthly Minimum: _____ Monthly				Monthly Minimum: <u>\$ 150</u> Monthly			
Annual Fee: _____ Per year				Annual Fee: <u>\$ 99</u> Per year			
Debit Transaction Fee Plus Network Fees: _____ Per Item				MOTO/Internet Surcharge: _____ Per Item			
EBT Transaction Fee: _____ Per Item				AVS Surcharge: <u>\$.10</u> Per Item			
EBT Statement Fee: _____ Monthly				Batch Fee: <u>\$ 1.00</u> Per Batch			
Batch Fee: _____ Per Batch				Manual Imprinter: QTY: _____ One Time <u>\$ 25.00</u>			
Manual Imprinter: QTY: _____ One Time <u>\$ 25.00</u>				Chargeback Fee: <u>\$ 25.00</u> Per Item <u>86</u>			
Chargeback Fee: <u>\$ 25.00</u> Per Item				ACH Reject Fee: <u>\$ 25.00</u> Per Item			
ACH Reject Fee: <u>\$ 25.00</u> Per Item				Retrieval Fee: <u>\$ 5.00</u> Per Item			
Retrieval Fee: <u>\$ 5.00</u> Per Item				Voice Authorization Fee: <u>\$ 0.95</u> Per Call			
Voice Authorization Fee: <u>\$ 0.95</u> Per Call				Gateway Access Fee: _____ Monthly			
Gateway Access Fee: _____ Monthly				Government Compliance Fee: <u>\$ 8.95</u> Per Month			
AVS Surcharge: _____ Per Item				TIN Mismatch Fee: <u>\$ 60.00</u> Until Validated			
Government Compliance Fee: <u>\$ 8.95</u> Per Month				DonateWiseNow Fee: <u>\$ 4.95</u> Per Month			
TIN Mismatch Fee: <u>\$ 60.00</u> Until Validated				Early Termination Fee: <u>\$ 495.00</u> One Time			
DonateWiseNow Fee: <u>\$ 4.95</u> Per Month							
Early Termination Fee: <u>\$ 495.00</u> One Time							
Misc Fees:				Misc Fees:			
Start Mo/Yr:	Amount:	Terms:		Start Mo/Yr:	Amount:	Terms:	
#1 _____	_____	_____		#1 <u>GL Set Up Fee</u>	<u>\$ 150</u>	_____	
#2 _____	_____	_____		#2 <u>B2 Monthly Fee</u>	<u>\$ 150</u>	_____	
#3 _____	_____	_____		#3 _____	_____	_____	
#4 _____	_____	_____		#4 _____	_____	_____	
#5 _____	_____ % of Volume and/or \$ _____ per item	_____		#5 _____	_____ % of Volume and/or \$ _____ per item	_____	

1) I/We understand and agree that while my/our Discount Rate as stated above will be charged on most electronically authorized payment card transactions batched and closed daily, charges up to 5% higher than my discount rate may apply where additional criteria is not met. Examples of where higher rates may apply, include but are not limited to, MOTO, keyed in transactions, transactions without AVS, business and foreign card transactions (See Section 7.3 for further information on Discount Rates 2 and 3). 2) Pass-through Association fees include Visa Acquiring Processing Fee, Visa Misuse of Auth Fee, Visa International Service Assessment Fee (ISA), Visa Zero Floor Limit Fee, Visa International Acquirer Fee, MC Acquirer Program Support Fee, MC Cross Border Fee, and the MC Network Access and Brand Usage (NABU) Fee. Please visit the Associations' website for further details. 3) By checking this "Yes" checkbox, I acknowledge that I am using a third party to store, process or transmit cardholder data. ☐ Yes
Give name/address: (examples include, but not limited to hosting companies, shopping carts, Loyalty Programs, Electronic Data Capture). Please identify any software used for storing, transmitting or processing Card Transaction or Authorization requests.

My Merchant's Benefits Club

- ☒ The representative has explained the My Merchant Benefits Club program to me and I elect to opt out of the program. I understand I can opt into the program at any time and benefit from great deals, including equipment support and replacement per terminal/peripheral (where applicable), as well as great discounts for items such as car rentals, hotels, office supplies, health, legal services and more for my company and employees for an additional fee of \$14.95 per month.

American Express

Estimated Annual American Express Charge Volume \$ _____		Average Ticket \$ _____	
<input type="checkbox"/> American Express ESA	Existing ESA SE _____	Merchant CAP _____	
	Discount Rate _____ %	Per Transaction Fee \$ _____	
OR	PrePaid Discount Rate _____ %	PrePaid Per Transaction Fee \$ _____	
<input type="checkbox"/> \$7.95/month option for merchants under \$6,000 - mandatory for Internet-Physical Delivery, MO/TO and Home-Based regardless of volume (ESA program only)			
<input type="checkbox"/> New American Express OnePoint	Discount Rate _____ %	Per Transaction Fee \$ _____	
	PrePaid Discount Rate _____ %	PrePaid Per Transaction Fee \$ _____	

All fees are applicable to OnePoint and ESA unless otherwise stated.

Card Not Present (CNP) Fee:

Inbound Fee:

0.30% Downgrade

0.40% Downgrade for all Cross-Border Transactions

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity, which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize Cynergy Data, LLC and American Express Travel Related Services Company, Inc. ("AXP"), and AXP's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies from time to time, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Cynergy Data, LLC and AXP and AXP's agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. Please read the American Express Privacy Statement at <http://www.americanexpress.com/privacy> to learn more about how American Express protects your privacy and how American Express uses your information. I understand that I may opt out of marketing communications by visiting this website or contacting American Express at 1-800-528-5200.

I understand that upon AXP's approval of the application, the entity will be provided with the Agreement and materials welcoming it either to AXP's program for Cynergy Data, LLC. to perform services for AXP (OnePoint) or to AXP's standard Card acceptance program (ESA) which has different servicing terms (e.g. different speeds of pay).

If qualified for OnePoint, I acknowledge that Cynergy Data will provide merchant instructions on accessing the American Express Terms and Conditions (Agreement for American Express® Card Acceptance American Express OnePoint® Program) and the American Express Merchant Regulations - U.S. including any updates to these regulations as they are made available via <https://www.mybackoffice.com/corporatesite/login.asp>. Specific instructions will be delivered to the entity via a welcome letter that will be forthcoming upon account approval.

I understand that if the entity does not qualify for the Cynergy Data, LLC. servicing program that the entity may be enrolled in AXP's standard Card acceptance program, and the entity may terminate the Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Agreement.

Merchant Signature _____

Date: _____

Debit/Credit Authorization - Includes a voided check or bank letter verifying bank account information

Merchant authorizes Cynergy Data, LLC. ("Processor") or BMO Harris Bank N.A. ("Bank") to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement, for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entries in said account concerning lease, rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for supplies and materials. This automated clearing House authorization cannot be revoked until all Merchant obligations under this agreement are satisfied, and Merchant gives Cynergy Data written notice of revocation.

DDA: 612ABA Routing

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT, from any of the undersigned individual guarantor(s) or from any other person or entity with financial responsibilities under this agreement. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested. By signing below, or clicking I accept, Merchant represents that the information provided in this Application is true, complete and not misleading in any way.

AVERAGE TICKET SIZE: \$39.99AVERAGE MONTHLY VOLUME: \$50,000.00

Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also, see paragraphs 5.4 and 15.3 of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant. Processor shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Processor and/or BMO Harris Bank N.A. Chicago, IL. By signing below, you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of the merchant operating guide. Those provisions must be read before signing. By signing below, you agree to the terms on the front and back of this MERCHANT Processing Agreement and the merchant operating guide.

Individual Guaranty - No Uses

As a primary inducement to Processor and Bank to enter into this Agreement, the undersigned Guarantor(s), by signing this Agreement, jointly and severally, unconditionally and irrevocably, personally guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Processor or Bank, as such agreements now exist or are amended from time to time, with or without notice. Guarantor(s) understands further that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to it or any security held by Processor and Bank or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understand that the inducement to Processor and Bank to enter into this agreement is consideration for the guaranty, and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty.

AGREED AND ACCEPTED:

X 3/18/14

#1 From Application - Signature

Date

X

#2 From Application - Signature

Date

For All Businesses - Business Reception

The indicated officer(s) identified in numbers 1 and/or 2 below have the authorization to execute the MERCHANT Processing Agreement on behalf of the here within named business. MERCHANT UNDERSTANDS THAT THIS AGREEMENT SHALL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY BANK AND A MERCHANT NUMBER IS ISSUED.

Snow Sale, LLC

Print Legal Name of Merchant Business

X 3/18/14

#1 From Application - Signature

Date

X

#2 From Application - Signature

Date

X

Accepted by Processor

Date

X

Accepted by BMO Harris Bank N.A. Chicago, IL

Date

Snow Sale LLC
4845 PEARL EAST CIR STE 101
Boulder, CO 80301

GREAT WESTERN BANK
78-873/914

2001

PAY TO THE ORDER OF _____ \$ _____

VOID

_____ DOLLARS

MEMO _____

⑈00 200 1⑈ _____ 96 1 2⑈

Details on Back
Intuit® CheckLock™ Secure Check

Snow Sale LLC

2001

Snow Sale LLC

2001

BROCK
AND
COMPANY
Certified Public Accountants
Business Advisors
A PROFESSIONAL CORPORATION

www.brockcpas.com



September 5, 2013

Blair McNea
Snow Sale, LLC
4845 Pearl East Circle, Suite 101
Boulder, CO 80301

Dear Blair:

Enclosed are your 2012 partnership tax returns, as follows...

2012 U.S. RETURN OF PARTNERSHIP INCOME

2012 COLORADO RETURN OF PARTNERSHIP INCOME

The returns were prepared from the information furnished by you. Please review before filing to ensure there are no omissions or misstatements of material facts.

Your returns have been prepared for electronic filing. You must sign and return the efile authorization forms to our office as explained in the filing instructions. Your copy should be retained for your files for a minimum of three years from the due date or extended due date of the return.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Very truly yours,

BROCK AND COMPANY, CPAs. P.C.

2012 TAX RETURN FILING INSTRUCTIONS**U.S. RETURN OF PARTNERSHIP INCOME****FOR THE YEAR ENDING**December 31, 2012.

Prepared for	Blair McNea Snow Sale, LLC 4845 Pearl East Circle, Suite 101 Boulder, CO 80301
Prepared by	Brock and Company, CPAs, P.C. 900 S Main Street, Suite 200 Longmont, CO 80501
To be signed and dated by	A general partner
Amount of tax	Not applicable
Mail tax return to	This return has been prepared for electronic filing. To have it transmitted electronically to the IRS, please sign, date, and return Form 8879-PE to our office. We will then submit your electronic return.
Forms to be distributed to partners	
Return must be mailed on or before	Not applicable
Special Instructions	Do not mail the paper copy of the return to the IRS. You should provide a paper copy of the Schedules K-1 to the respective partners immediately. If you choose to distribute these schedules electronically, you must distribute them in accordance with the specific requirements contained in IRS Revenue Procedure 2012-17, which generally requires the prior written consent of the partner. Please contact us if you need assistance regarding these requirements.

1065 Form Department of the Treasury Internal Revenue Service		U.S. Return of Partnership Income For calendar year 2012, or tax year beginning _____, ending _____ EXTENSION GRANTED TO 09/16/13		OMB No. 1545-0099 2012	
A Principal business activity CREDIT CARD PROCESSING		Name of partnership SNOW SALE, LLC		D Employer identification number 27-1858344	
B Principal product or service CREDIT CARD PROCESSING		Number, street, and room or suite no. If a P.O. box, see the instructions. 4845 PEARL EAST CIRCLE, SUITE 101		E Date business started 01/21/2010	
C Business code number 525990		City or town, state, and ZIP code BOULDER CO 80301		F Total assets \$ 11,724.	
G Check applicable boxes: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input type="checkbox"/> Amended return (6) <input type="checkbox"/> Technical termination - also check (1) or (2)					
H Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) 2					
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year 2					
J Check if Schedules C and M-3 are attached <input type="checkbox"/>					

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales		1a 807,533.	1c 699,790.
	b Returns and allowances		1b 107,743.	
	c Balance. Subtract line 1b from line 1a			
	2 Cost of goods sold (attach Form 1125-A)			
	3 Gross profit. Subtract line 2 from line 1c		3 699,790.	
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			
7 Other income (loss) (attach statement)				
8 Total income (loss). Combine lines 3 through 7			8 699,790.	
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)			9 3,000.
	10 Guaranteed payments to partners			
	11 Repairs and maintenance			
	12 Bad debts			
	13 Rent			13 2,031.
	14 Taxes and licenses			14 347.
	15 Interest			
	16 a Depreciation (if required, attach Form 4562)		16a	
	b Less depreciation reported on Form 1125-A and elsewhere on return		16b	16c
	17 Depletion (Do not deduct oil and gas depletion.)			
	18 Retirement plans, etc.			
	19 Employee benefit programs			
	20 Other deductions (attach statement) SEE STATEMENT 2			20 695,131.
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21 700,509.
22 Ordinary business income (loss). Subtract line 21 from line 8			22 -719.	

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge. Signature of general partner or limited liability company member manager _____ Date _____		May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only Print/Type preparer's name CRAIG CHANEY Preparer's signature _____ Date _____ Check <input type="checkbox"/> if self-employed PTIN P00163210 Firm's name BROCK AND COMPANY, CPAS, P.C. Firm's EIN 84-0930288 Firm's address 900 S MAIN STREET, SUITE 200 LONGMONT, CO 80501 Phone no. 303-776-2160			

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **1065** (2012)

Form 1065 (2012) **SNOW SALE, LLC****27-1858344** Page **2****Schedule B Other Information**

1 What type of entity is filing this return? Check the applicable box:				Yes	No
a <input type="checkbox"/> Domestic general partnership	b <input checked="" type="checkbox"/> Domestic limited partnership				
c <input type="checkbox"/> Domestic limited liability company	d <input type="checkbox"/> Domestic limited liability partnership				
e <input type="checkbox"/> Foreign partnership	f <input type="checkbox"/> Other <input type="checkbox"/>				
2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?				X	
3 At the end of the tax year:					
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership				X	
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership					X
4 At the end of the tax year, did the partnership:					
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below					X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below					X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital	
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details					X
6 Does the partnership satisfy all four of the following conditions?					
a The partnership's total receipts for the tax year were less than \$250,000.					
b The partnership's total assets at the end of the tax year were less than \$ 1 million.					
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.					
d The partnership is not filing and is not required to file Schedule M-3					X
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.					
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?					X
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?					X
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?					X
10 At any time during calendar year 2012, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country. <input type="checkbox"/>					X

Form **1065** (2012)

Form 1065 (2012) **SNOW SALE, LLC****27-1858344** Page **3****Schedule B Other Information** (continued)

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly-owned by the partnership throughout the tax year) <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership.		X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return.		
18a Did you make any payments in 2012 that would require you to file Form(s) 1099? See instructions		X
b If "Yes," did you or will you file required Form(s) 1099?		
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return.		
20 Enter the number of partners that are foreign governments under section 892.		

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP	SASSY SMILE, LLC	Identifying number of TMP	27-1857779
If the TMP is an entity, name of TMP representative	BLAIR MCNEA	Phone number of TMP	
Address of designated TMP	6260 LOOKOUT ROAD BOULDER, CO 80301		

Form **1065** (2012)

**SCHEDULE B-1
(Form 1065)**(Rev. December 2011)
Department of the Treasury
Internal Revenue Service**Information on Partners Owning 50% or
More of the Partnership**

▶ Attach to Form 1065. See instructions.

OMB No. 1545-0099

Name of partnership

Employer identification number

SNOW SALE, LLC**27-1858344****Part I Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 3a)

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
SASSY SMILE, LLC	27-1857779	LLC	UNITED STATES	99.00
CONVERTIS, LLC	20-4673205	PARTNERSHIP	UNITED STATES	99.00
CONVERTIS MARKETING, LLC	27-0292175	PARTNERSHIP	UNITED STATES	99.00

Part II Individuals or Estates Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3b)

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-1 (Form 1065) (Rev. 12-2011)

651112

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

For calendar year 2012, or tax

year beginning

ending

2012

Partner's Share of Income, Deductions,
Credits, etc.

▶ See separate instructions.

☐ Final K-1☐ Amended K-1

OMB No. 1545-0099

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1 Ordinary business income (loss) -712.	15 Credits
2 Net rental real estate income (loss)	16 Foreign transactions
3 Other net rental income (loss)	
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	17 Alternative min tax (AMT) items
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	18 Tax-exempt income and nondeductible expenses
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	19 Distributions
9c Unrecaptured sec 1250 gain	
10 Net section 1231 gain (loss)	20 Other information
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss) A -712. C 692,792.	

*See attached statement for additional information.

For IRS Use Only

Part I Information About the PartnershipA Partnership's employer identification number
27-1858344

B Partnership's name, address, city, state, and ZIP code

SNOW SALE, LLC
4845 PEARL EAST CIRCLE, SUITE 101
BOULDER, CO 80301C IRS Center where partnership filed return
E-FILED ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner**E Partner's identifying number
27-1857779

F Partner's name, address, city, state, and ZIP code

SASSY SMILE, LLC
6260 LOOKOUT ROAD
BOULDER, CO 80301G ☒ General partner or LLC member-manager ☐ Limited partner or other LLC memberH ☒ Domestic partner ☐ Foreign partnerI What type of entity is this partner? **PARTNERSHIP**J If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	99.00000000%	99.00000000%
Loss	99.00000000%	99.00000000%
Capital	99.00000000%	99.00000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$	
Qualified nonrecourse financing	\$	
Recourse	\$	169,866.

L Partner's capital account analysis:

Beginning capital account	\$	-156,454.
Capital contributed during the year	\$	
Current year increase (decrease)	\$	-712.
Withdrawals & distributions	\$	
Ending capital account	\$	-157,166.

☐ Tax basis ☒ GAAP ☐ Section 704(b) book
☐ Other (explain)

M Did the partner contribute property with a built-in gain or loss?

☐ Yes ☒ No

If "Yes", attach statement (see instructions)

651112

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

For calendar year 2012, or tax

year beginning

ending

Partner's Share of Income, Deductions,
Credits, etc.

▶ See separate instructions.

2012

☐ Final K-1☐ Amended K-1

OMB No. 1545-0099

Part I Information About the Partnership																
A Partnership's employer identification number 27-1858344																
B Partnership's name, address, city, state, and ZIP code SNOW SALE, LLC 4845 PEARL EAST CIRCLE, SUITE 101 BOULDER, CO 80301																
C IRS Center where partnership filed return E-FILE																
D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)																
Part II Information About the Partner																
E Partner's identifying number <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div>																
F Partner's name, address, city, state, and ZIP code BRIAN LINT <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 5px;"></div> LONGMONT, CO 80501																
G <input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Limited partner or other LLC member																
H <input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner																
I1 What type of entity is this partner? INDIVIDUAL																
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/>																
J Partner's share of profit, loss, and capital: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning</th> <th style="text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: right;">1.0000000%</td> <td style="text-align: right;">1.0000000%</td> </tr> <tr> <td>Loss</td> <td style="text-align: right;">1.0000000%</td> <td style="text-align: right;">1.0000000%</td> </tr> <tr> <td>Capital</td> <td style="text-align: right;">1.0000000%</td> <td style="text-align: right;">1.0000000%</td> </tr> </tbody> </table>			Beginning	Ending	Profit	1.0000000%	1.0000000%	Loss	1.0000000%	1.0000000%	Capital	1.0000000%	1.0000000%			
	Beginning	Ending														
Profit	1.0000000%	1.0000000%														
Loss	1.0000000%	1.0000000%														
Capital	1.0000000%	1.0000000%														
K Partner's share of liabilities at year end: <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Nonrecourse</td> <td style="text-align: right;">\$</td> <td></td> </tr> <tr> <td>Qualified nonrecourse financing</td> <td style="text-align: right;">\$</td> <td></td> </tr> <tr> <td>Recourse</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0.</td> </tr> </table>		Nonrecourse	\$		Qualified nonrecourse financing	\$		Recourse	\$	0.						
Nonrecourse	\$															
Qualified nonrecourse financing	\$															
Recourse	\$	0.														
L Partner's capital account analysis: <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Beginning capital account</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">-1,620.</td> </tr> <tr> <td>Capital contributed during the year</td> <td style="text-align: right;">\$</td> <td></td> </tr> <tr> <td>Current year increase (decrease)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">-7.</td> </tr> <tr> <td>Withdrawals & distributions</td> <td style="text-align: right;">\$(</td> <td></td> </tr> <tr> <td>Ending capital account</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">-1,627.</td> </tr> </table>		Beginning capital account	\$	-1,620.	Capital contributed during the year	\$		Current year increase (decrease)	\$	-7.	Withdrawals & distributions	\$(Ending capital account	\$	-1,627.
Beginning capital account	\$	-1,620.														
Capital contributed during the year	\$															
Current year increase (decrease)	\$	-7.														
Withdrawals & distributions	\$(
Ending capital account	\$	-1,627.														
M Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", attach statement (see instructions)																

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items	
1 Ordinary business income (loss) <div style="text-align: right;">-7.</div>	15 Credits
2 Net rental real estate income (loss)	16 Foreign transactions
3 Other net rental income (loss)	
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	
6b Qualified dividends	17 Alternative min tax (AMT) items
7 Royalties	
8 Net short-term capital gain (loss)	18 Tax-exempt income and nondeductible expenses
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	19 Distributions
9c Unrecaptured sec 1250 gain	
10 Net section 1231 gain (loss)	20 Other information
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss) A <div style="text-align: right;">0.</div>	
*See attached statement for additional information.	
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">For IRS Use Only</div> <div style="flex-grow: 1;"></div> </div>	



TRANSUNION CONSUMER CREDIT REPORT

Subscriber Name: GLOBAL MERCH
 Subscriber Code/Market: F 5756620 12 01
 Results Issued: 4/21/14 15:10 CT

INPUT PARAMETERS FOR PRIMARY SUBJECT

Reference ID:
 SSN: [REDACTED]
 Name: Lint, Brian
 Current Address: [REDACTED]
 Henderson NV.89015

LINT , BRIAN J.

Also Known As:

SSN: [REDACTED] Phone: [REDACTED]
 Date of Birth: [REDACTED]/71

In File Since: 5/91

Current Address:

[REDACTED]
 HENDERSON NV. 89015
 Reported 2/14

Previous Address:

[REDACTED]
 BERTHOUD CO. 80513
 Reported 5/12

Previous Address:

[REDACTED]
 LONGMONT CO. 80504

EMPLOYMENT

REVGUARD LLC

Position: DIRECTOR OF O

Start:
 End:

In File Since: 12/13
 Effective: 12/13

SCORING

Type

Score

Explanation

[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

CREDIT INFORMATION Summary (Total History)

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Print Form

**MERCHANT ACCOUNT CHANGE REQUEST FORM**

CURRENT INFORMATION	
DATE: 8/31/15	MID: [REDACTED] 3012
DBA NAME: Bella at Home Results	
LEGAL NAME: Snow Sales, LLC	
DBA ADDRESS: 4845 Pearl East Circle, Ste. 101, Boulder, CO 80301	

CHANGE(S) REQUESTED (Please check all applicable)

☐ DBA Name: _____
☐ DBA Address: _____
☐ DBA Phone Number: _____
☐ DBA Fax Number: _____
☐ Mailing Address: _____
☐ Email Address: _____
☐ Web Address: _____

Bank Account Changes **Provide a Copy of a Pre-Printed Voided Check

☒ New Routing Number: [REDACTED]
☒ New Account Number: [REDACTED] 2479

All changes that are requested must be signed by the person who signed the original merchant application. (Owner of the merchant account)

Print Name: Brian Lint
 Signature:

Global Merchant Advisors

042011

CASH ONLY IF ALL ONYALOCK™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPY/REPRODUCTION

Snow Sale, LLC
4845 Pearl East Circle, Suite 101
Boulder, CO 80301

BANK OF AMERICA, NA

1000

04-072/1224


PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

VOID

001000 [REDACTED] 2479

USAMLS

Printed on Back:  Must Check Back for Details

PX11

PPS Attachment L

Solid Ice Account Documents

MERCHANT APPLICATION


GMA
 Global Merchant Advisors

Merchant # _____

☒ New Location ☐ Additional Location

3000 S. Robertson Blvd • Ste 295 • Los Angeles, CA 90034

310-220-0624 • Fax 310-602-6282

www.globalmerchantadvisors.com

Merchant Accepts Donate Wise Now ☐ Yes ☐ No

By checking yes and signing this application and agreement, you indicate your acceptance of the Greenwise GreenSuite and DonateWiseNow Program terms and conditions.

☒ Business Information Note: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations.
 (See Terms and Conditions for further information)

Legal Name (as it appears on your income tax return):

Solid Ice, LLC

Name of Account (Doing Business As):

Action Pro Online

Legal Address:

1166 E. Warner Rd., Ste. 101

Physical Street Address (No P.O. Box):

1166 E. Warner Rd., Ste. 101

City:
GilbertState:
AZZip:
85296City:
GilbertState:
AZZip:
85296

Phone #:

(480) 719-7997

Contact:

Christy Gould

DBA Phone #:

(866) 711-2832

Fax #:

()

Must Choose One Mailing Address:

☐ DBA Address☒ Legal Address

E-Mail Address:

christy@actionproonline.com

Website Address:

www.actionproonline.com

Federal Tax #

(as it appears on your income tax return)
4 5 5 0 7 6 1 9 6

of Locations

1

Years in Business

8 mos

Years Owned Business

8 mos

Place of Legal Formation:

Arizona

Country of Primary Business Operations:

USA

Bank Reference:

JP Morgan Chase

Contact:

Jose Rodriguez

Phone #:

(480) 970-7097

☒ Owners or Officers • Individual Ownership Must be Equal to or Greater than 50%

Name:

1. Christy Gould

Title:

Manager

Date of Birth:

1988

Applicant's SS #:

[REDACTED]

% Equity Ownership:

80

Residence Address:

[REDACTED]

City:

Superior

State:

CO

Zip:

80027

Years:

1

US Government Issued ID#:

[REDACTED]

Type of ID:

Driver's License

Expiration Date:

10/28/2017

Country of Citizenship (if not US):

[REDACTED]

Home Phone:

[REDACTED]

Name:

2.

Title:

[REDACTED]

Date of Birth:

[REDACTED]

Applicant's SS #:

[REDACTED]

% Equity Ownership:

[REDACTED]

Residence Address:

[REDACTED]

City:

[REDACTED]

State:

[REDACTED]

Zip:

[REDACTED]

Years:

[REDACTED]

US Government Issued ID#:

[REDACTED]

Type of ID:

[REDACTED]

Expiration Date:

[REDACTED]

Country of Citizenship (if not US):

[REDACTED]

Home Phone:

[REDACTED]

☒ Business Profile
 Type of Ownership: ☐ Sole Proprietor ☐ Assoc/Estates/Trusts ☐ Joint Venture ☐ Government
☐ Corporation (Privately Traded) ☐ Corporation (Publicly Traded) ☐ Medical or Legal Corp
☐ Partnership ☐ Tax Exempt Org ☒ Single Member LLC ☐ Multi Member LLC ☐ Civic Assoc
☐ Limited Partnership ☐ Political Org ☐ Other:

Type of Goods or Services Sold:

at home teeth whitening kits

SIC Code:

5900

Do you currently accept Discover @Visa/Mastercard?

☒ Yes ☐ No

Name of Current Processor:

Meritus

 Has Merchant or any associated principal disclosed below filed ☐ Yes Date: _____
 bankruptcy or been subject to involuntary bankruptcy? ☒ No
☒ Sales Profile

Merchant Type:

Discover/Visa/MasterCard Sales Profile

(Be Accurate):

☐ Retail☐ Restaurant☐ Lodging☐ Service☒ Internet☐ Home Based☐ Other

Card Swipe

%

Manual Key Entry with Imprint.

Card Present

%

Mail Order/Telephone

%

Internet

100

%

Total =

100%

☒ Business Trade Suppliers • List Two

Name:

Sunshine Health

Address:

Oakland Park, FL

Contact:

Cathie Rhames

Phone #:

(954) 493-5469

Name:

Oratech

Address:

Salt Lake City, UT

Contact:

Brandi Simpson

Phone #:

(801) 553-4206

☒ Merchant Site Survey Report • To Be Completed by Sales RepresentativeMerchant Location: ☐ Retail Location with Store Front☐ Office Building☐ Internet☐ Residence☐ Other

Area Zoned:

☐ Commercial☐ Industrial☐ Residential

Square Footage:

☐ 0-250☐ 251-500☐ 501-2,000☐ 2,001+

Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business?

☐ Yes☐ No

If No, explain:

The Merchant:

☐ Owns☐ Leases the Business Premises

Landlord Name & Phone #:

DAMIEN

Further Comments by Inspector (Must Complete)

I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.

Verified and Inspected by:

Office #:

Representative #:

Representative Signature:

Date:

X

PPS Attachment L-4

While Copy - Bank • Pink Copy - Merchant

Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL

X

PPS010000004

Page 1 of 10

Rev2. 10/01/2011

Discover / Visa / MasterCard Standard Retail / High Risk Retail Rates

Merchant Chooses to accept the following:

DISC/VS/MC (Other Cards) Discount Rate

VS/MC Discount Rate for Debit Cards

AMEX Discount Rate

Fees

DISC/VS/MC Transaction Fee:	Per Item
Non-Bankcard Transaction Fee:	Per Item
Merchant Fee:	Monthly
VIRAS Online Service:	Monthly
Monthly Minimum:	Monthly
Annual Fee:	Per Year
Debit Transaction Fee Plus Network Fees:	Per Item
EBT Transaction Fee:	Per Item
EBT Statement Fee:	Per Batch
Batch Fee:	Per Batch
Manual Imprinter:	One Time
Chargeback Fee:	\$35.00 Per Item
ACH Reject Fee:	\$25.00 Per Item
Retrieval Fee:	\$5.00 Per Item
Voice Authorization Fee:	\$0.95 Per Call
Gateway Access Fee:	Monthly
AVS Surcharge:	Per Item
Government Compliance Fee:	\$6.95 Monthly
TIN Mismatch Fee:	\$325.00 Until Validation
Early Termination Fee:	\$495.00 One Time

Misc Fees:	Start Month	Amount	Terms
G2 SPM - Setup Fee		\$150.00	One-Time
G2 SPM - Monthly Fee		\$150.00	Monthly

I have understood and agree that while my card discount rate as stated above will be charged on most electronically authorized payment card transactions that are in batches closed daily, charges up to 5% higher than my discount rate may apply where additional criteria is not met. Examples where higher rates apply include but are not limited to: 1) MOTO keyed in transactions; 2) Transactions without AVS; 3) Business and foreign card transactions; 4) Pay-through Association fees include Visa Assn Processing Fee, Visa Risk Identification Fee, Visa Misuse of Card Fee, Visa International Service Assessment Fee (ISA), Visa Zero Float Limit Fee, Visa International Acquirer Fee, MC Assn Processing Fee, MC Cross Border Fee, and the MC Network Access and Brand Usage (NABU) Fee. Please visit the Association's website for further details. Do you use a third party to store or transmit Cardholder data? ☐ Yes ☒ No. Give name/address (examples include, but not limited to: hosting companies, shopping carts, Loyalty Programs, Electronic Data Capture). Please identify any Software used for storing, transmitting or processing Card Transaction or Authorization requests.

Merchant Benefits Club

☒ Yes, I want to participate in the optional Merchant Benefits Club which includes equipment support and replacement for an additional \$14.99 per terminal/peripheral per month. Initials: X

American Express

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement") and that all information provided herein is true, complete and accurate. I authorize ESA and American Express Travel Related Services Company, Inc. ("American Express") and American Express's agents and Affiliates to verify the information application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agents, subcontractors, Affiliates, and other services for any purpose permitted by law. I authorize and direct ESA and American Express and American Express's agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize American Express to use the reports from consumer reporting agencies for marketing and non-marketing purposes. I understand that upon American Express's approval of this application, the entity will be provided with the Agreement and materials welcoming it to American Express's Card acceptance campaign.

Initials: X
Retail - \$0.10 Trans Fee + 0.50% CNP Downgrade Services
Wholesale & All Other - \$0.15 Trans Fee

Signature: X

Date:

Debit/Credit Authorization - Include a voided check or bank letter verifying bank account information.

Merchant authorizes Cynergy Data, LLC ("Processor") or BMO Harris Bank, N.A. ("Bank") to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the funding account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entities in said account concerning lease, rental, purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for supplies and materials. This Automated Clearing House authorization cannot be revoked until all Merchant obligations under this Agreement are satisfied, and Merchant gives Cynergy Data written notice of revocation.

DDA:

ABA Routing:

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT from any of the undersigned individual credit or financial responsibility. You have a right upon written request to a complete and accurate disclosure of the nature and scope of the investigation requested.

AVERAGE TICKET SIZE: \$8.00

Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also see paragraphs 5.4 and 15.3 of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

AVERAGE MONTHLY VOLUME: \$0.000

IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant. Processor shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Processor and/or BMO Harris Bank, N.A., Chicago, IL. By signing below you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of the merchant operating guide. Those provisions must be read before signing. By signing below, you agree to the terms on the front and back of this MERCHANT Processing Agreement and the merchant operating guide.

Individual Guaranty - No Titles

As a primary inducement to Processor and Bank to enter into this Agreement, the undersigned Guarantors, by signing this Agreement, jointly and severally, unconditionally and irrevocably, personally guarantee the continuing full and faithful performance and payment by Merchant of each of its debts and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Processor or Bank, as such agreements now exist or are amended from time to time, with or without notice. Guarantor(s) understands further that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to it or any security held by Processor and Bank or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, within all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understands that the inducement to Processor and Bank to enter into this agreement is consideration for the guaranty and that this guaranty remains in full force and effect even if the guarantor(s) receive no additional benefit from the guaranty.

AGREED AND ACCEPTED

X Christine J. Gould 11/13/2012

#1 From Application - Signature Date

X

#2 From Application - Signature Date

PPS Attachment L-2

Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL

Mail / Phone / Internet / Touchtone Rates

Merchant Chooses to accept the following:

DISC/VS/MC (Other Cards) Discount Rate

VS/MC Debit Card Discount Rate

AMEX Rate:

3.99

3.99

\$7.65 Monthly

Fees

DISC/VS/MC Transaction Fee:	Per Item
Non-Bankcard Transaction Fee:	Per Item
Statement Fee:	Monthly
VIRAS Online Service:	Monthly
Monthly Minimum:	Monthly
Annual Fee:	Per Year
MOTO/Internet Surcharge:	Per Item
AVS Surcharge:	Per Item
Batch Fee:	Per Batch
Manual Imprinter:	One Time
Chargeback Fee:	\$35.00 Per Item
ACH Reject Fee:	\$25.00 Per Item
Retrieval Fee:	\$5.00 Per Item
Voice Authorization Fee:	\$0.95 Per Call
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Early Termination Fee:	\$495.00 One Time

Misc Fees:	Start Month	Amount	Terms
G2 SPM - Setup Fee		\$150.00	One-Time
G2 SPM - Monthly Fee		\$150.00	Monthly

I have understood and agree that while my card discount rate as stated above will be charged on most electronically authorized payment card transactions that are in batches closed daily, charges up to 5% higher than my discount rate may apply where additional criteria is not met. Examples where higher rates apply include but are not limited to: 1) MOTO keyed in transactions; 2) Transactions without AVS; 3) Business and foreign card transactions; 4) Pay-through Association fees include Visa Assn Processing Fee, Visa Risk Identification Fee, Visa Misuse of Card Fee, Visa International Service Assessment Fee (ISA), Visa Zero Float Limit Fee, Visa International Acquirer Fee, MC Assn Processing Fee, MC Cross Border Fee, and the MC Network Access and Brand Usage (NABU) Fee. Please visit the Association's website for further details. Do you use a third party to store or transmit Cardholder data? ☐ Yes ☒ No. Give name/address (examples include, but not limited to: hosting companies, shopping carts, Loyalty Programs, Electronic Data Capture). Please identify any Software used for storing, transmitting or processing Card Transaction or Authorization requests.

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☒ Yes, I want to participate in the optional Merchant Benefits Club which includes equipment support and replacement for an additional \$14.99 per terminal/peripheral per month. Initials: X

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Initials: X
Retail - \$0.10 Trans Fee + 0.50% CNP Downgrade Services
Wholesale & All Other - \$0.15 Trans Fee

Signature: X

Date:

Debit/Credit Authorization - Include a voided check or bank letter verifying bank account information.

Merchant authorizes Cynergy Data, LLC ("Processor") or BMO Harris Bank, N.A. ("Bank") to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the funding account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entities in said account concerning lease, rental, purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for supplies and materials. This Automated Clearing House authorization cannot be revoked until all Merchant obligations under this Agreement are satisfied, and Merchant gives Cynergy Data written notice of revocation.

ABA Routing:

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT from any of the undersigned individual credit or financial responsibility. You have a right upon written request to a complete and accurate disclosure of the nature and scope of the investigation requested.

AVERAGE MONTHLY VOLUME: \$0.000

Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also see paragraphs 5.4 and 15.3 of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

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For All Businesses - Business Resolution

The indicated officer(s) identified in numbers 1 and/or 2 below have the authorization to execute the MERCHANT Processing Agreement on behalf of the here within named business. MERCHANT UNDERSTANDS THAT THIS AGREEMENT SHALL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY BANK AND A MERCHANT NUMBER IS ISSUED.

Solid Ice, LLC

Print Legal Name of Merchant Business

X Christine J. Gould

11/13/2012

#1 From Application - Signature

Date

X

#2 From Application - Signature

Date

X

Accepted by Processor

Date

X

Accepted by BMO Harris Bank, N.A., Chicago, IL.

Date

PPSISL0000002

Rev. 10/01/2011

Page 2 of 10

Solid Ice, LLC
1166 E Warner Road, Suite 101
Gilbert, AZ 85296

JPMORGAN CHASE BANK, NA
Arizona
91-002/1221

1000

PAY TO THE
ORDER OF

DOLLARS

MEMO

⑈001000⑈

7471⑈

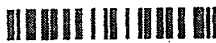
Details on Back
Intuitive CheckLock® Secure Check

Solid Ice, LLC

1000

Solid Ice, LLC

1000



Print Form



MERCHANT ACCOUNT CHANGE REQUEST FORM

CURRENT INFORMATION

DATE: 09/02/15 MID: [REDACTED] 7086
 DBA NAME: Action Pro Online
 LEGAL NAME: Solid Ice, LLC
 DBA ADDRESS: 1910 S. Stapley Drive, Suite 221 Mesa, AZ 85204

CHANGE(S) REQUESTED (Please check all applicable)

DBA Name: _____
 DBA Address: _____
 DBA Phone Number: _____
 DBA Fax Number: _____
 Mailing Address: _____
 Email Address: _____
 Web Address: _____

Bank Account Changes **Provide a Copy of a Pre-Printed Voided Check

☒ New Routing Number: [REDACTED]
☒ New Account Number: [REDACTED] 2024

All changes that are requested must be signed by the person who signed the original merchant application. (Owner of the merchant account)

Print Name: Christy Megalo

Signature: Christina L. Megalo

SOLID ICE LLC
1910 S STAPLEY DR STE 221
MESA AZ 85204-6680

1001

DATE

PAY TO THE
ORDER OF

\$

DOLLARS



Security Features
Look for
Microprint

usbank.

All of us serving you®

VOID

MEMO

MP

2024 1001

PX11

PPS Attachment M

Thunder Avenue Account Documents

MERCHANT APPLICATION



Merchant # _____

☒ New Location ☐ Additional Location

11835 W. Olympic Blvd • Ste 650E • Los Angeles, CA 90064

Tel: 310.220.0624 • Fax: 310.602.6282

www.gmapay.com

ONT * Dental Pro At Home

Business Information

Legal Name (as it appears on your income tax return):

Thunder Avenue, LLC

Name of Account (Doing Business As):

Dental Pro at Home Marketing

Legal Address:

100 Fillmore Avenue, 5th Floor

Physical Street Address (No P.O. Box):

100 Fillmore Avenue, 5th Floor

City:
DenverState:
COZip:
80203City:
DenverState:
COZip:
80203

Phone #:

(720) 895-1414

Contact:

Marnie Baesler

DBA Phone #:

(888) 447-0303

Fax #:

(303) 530-0771

Must Choose One Mailing Address:

☐ DBA Address ☒ Legal Address

E-Mail Address:

marnie@dentalproathomemarketing.com

Website Address:

www.dentalproathomemarketing.com

Federal Tax #:

21643280719

of Locations:

1

Years In Business:

5

Years Owned Business:

5

Place of Legal Formation:

Colorado

Country of Primary Business Operations:

USA

Bank Reference:

TCF

Contact:

Phone #:

(303) 823-2265

Owners or Officers

Individual Ownership Must Be Equal to or Greater than 50%

Name:

1. Marnie Baesler

Title:

Manager

Date of Birth:

1/68

Applicant's SS #:

[REDACTED]

% Equity Ownership:

80

Residence Address:

976 e. 132nd Circle

City:

Thornton

State:

CO

Zip:

80241

Years:

5

US Government Issued ID#:

[REDACTED]

Type of ID:

dl

Expiration Date:

2015

Country of Citizenship (if not US):

[REDACTED]

Home Phone:

[REDACTED]

Name:

2.

Title:

[REDACTED]

Date of Birth:

[REDACTED]

Applicant's SS #:

[REDACTED]

% Equity Ownership:

[REDACTED]

Residence Address:

[REDACTED]

City:

[REDACTED]

State:

[REDACTED]

Zip:

[REDACTED]

Years:

[REDACTED]

US Government Issued ID#:

[REDACTED]

Type of ID:

[REDACTED]

Expiration Date:

mm/dd/yyyy

Country of Citizenship (if not US):

[REDACTED]

Home Phone:

[REDACTED]

Business Profile

Type of Ownership: ☐ Sole Proprietor ☐ Assoc/Estates/Trusts ☐ Joint Venture ☐ Government
☐ Corporation (Privately Traded) ☐ Corporation (Publicly Traded) ☐ Medical or Legal Corp.
☐ Partnership ☐ Tax Exempt Org ☐ Single Member LLC ☒ Multi Member LLC ☐ Civic Assoc
☐ Limited Partnership ☐ Political Org ☐ Other

Type of Goods or Services Sold:

at home teeth whitening

SIC Code:

5908

Do you currently accept Discover/Visa/MasterCard?

☒ Yes ☐ No

Name of Current Processor:

4108

Has Merchant or any associated principal disclosed below filed bankruptcy or been subject to involuntary bankruptcy?

☐ Yes ☒ No Date: _____

Sales Profile

Merchant Type:

☐ Retail

☐ Restaurant

☐ Lodging

☐ Service

☒ Internet

☐ Home Based

☐ Other

Discover/Visa/MasterCard Sales Profile

Be Accurate:

Card Swipe

Manual Key Entry with Imprint

Card Present

Mail Order/Telephone

Internet

Total =

%

%

%

100 %

100 %

Business Trade Suppliers - List Two

Name:

Sunshine Health

Address:

Oakland Park, FL

Contact:

Ralph Morton

Phone #:

(954) 493-5489

Name:

Verit

Address:

[REDACTED]

Contact:

Shane Lynch

Phone #:

(323) 655-5789

Merchant Site Survey Report - To be completed by Site Representative

Merchant Location: ☐ Retail Location with Store Front ☐ Office Building ☒ Internet ☐ Residence ☐ Other
Area Zoned: ☒ Commercial ☐ Industrial ☒ Residential Square Footage: ☒ 0-250 ☐ 251-500 ☒ 501-2,000 ☐ 2,001+

Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? ☒ Yes ☐ No

If No, explain:

The Merchant:

☒ Owns ☐ Leases the Business Premises

Landlord Name & Phone #:

N/A

Further Comments by Inspector (Must Complete)

I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.

Verified and Inspected by:

* Rachel Leonard

Office #: 12478 Representative

Representative Signature:

* Rachel Leonard

Date:

4.22.14

Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL

Discover / Visa / Mastercard Standard Retail / High Risk Retail Rates				Mail / Phone / Internet / Touchtone Rates			
Merchant Chooses to accept the following:				Merchant Chooses to accept the following:			
DISC/VS/MC (Other Cards) Discount Rate: _____				DISC/VS/MC (Other Cards) Discount Rate: <u>4.25%</u>			
VS/MC Discount Rate for Debit Cards: _____				VS/MC Discount Rate for Debit Cards: <u>4.25%</u>			
Fees				Fees			
DISC/VS/MC Transaction Fee: _____ Per Item				DISC/VS/MC Transaction Fee: <u>4.25</u> Per Item			
Non-Bankcard Transaction Fee: _____ Per Item				Non-Bankcard Transaction Fee: <u>4.25</u> Per Item			
Non-Bankcard: _____ % Discount Rate _____ Per Item				Non-Bankcard: _____ % Discount Rate _____ Per Item			
Statement Fee: _____ Per Item				Statement Fee: <u>10</u> Monthly			
VIMAS Online Service: _____ Monthly				VIMAS Online Service: <u>150</u> Monthly			
Monthly Minimum: _____ Monthly				Monthly Minimum: _____ Monthly			
Annual Fee: _____ Per year				Annual Fee: <u>99</u> Per year			
Debit Transaction Fee Plus Network Fees: _____ Per Item				MOTO/Internet Surcharge: _____ Per Item			
EBT Transaction Fee: _____ Per Item				AVS Surcharge: <u>10</u> Per Item			
EBT Statement Fee: _____ Monthly				Batch Fee: <u>1.00</u> Per Batch			
Batch Fee: _____ Per Batch				Manual Imprinter: QTY: _____ One Time			
Manual Imprinter: QTY: <u>25.00</u> <u>25.00</u> One Time				Chargeback Fee: <u>25.00</u> Per Item			
Chargeback Fee: _____ Per Item				ACH Reject Fee: <u>25.00</u> Per Item			
ACH Reject Fee: _____ Per Item				Retrieval Fee: <u>25.00</u> Per Item			
Retrieval Fee: _____ Per Item				Voice Authorization Fee: <u>30.95</u> Per Call			
Voice Authorization Fee: _____ Per Call				Gateway Access Fee: _____ Monthly			
Gateway Access Fee: _____ Monthly				Government Compliance Fee: <u>30.95</u> Per Month			
AVS Surcharge: _____ Per Item				TIN Mismatch Fee: <u>30.95</u> Until Validated			
Government Compliance Fee: _____ Per Month				Donate/WachNow Fee: <u>30.95</u> Per Month			
TIN Mismatch Fee: _____ Until Validated				Early Termination Fee: <u>495.00</u> One Time			
Donate/WachNow Fee: <u>30.95</u> Per Month							
Early Termination Fee: <u>495.00</u> One Time							
Mac Fees:				Mac Fees:			
#1 _____	Start Mo/Yr: _____	Amount: _____	Terms: _____	#1 <u>62 Setup Fee</u>	Start Mo/Yr: _____	Amount: <u>150</u>	Terms: _____
#2 _____	Start Mo/Yr: _____	Amount: _____	Terms: _____	#2 <u>62 Monthly Fee</u>	Start Mo/Yr: _____	Amount: <u>150</u>	Terms: _____
#3 _____	Start Mo/Yr: _____	Amount: _____	Terms: _____	#3 _____	Start Mo/Yr: _____	Amount: _____	Terms: _____
#4 _____	Start Mo/Yr: _____	Amount: _____	Terms: _____	#4 _____	Start Mo/Yr: _____	Amount: _____	Terms: _____
#5 _____	Start Mo/Yr: _____	Amount: _____	Terms: _____	#5 _____	Start Mo/Yr: _____	Amount: _____	Terms: _____

1) I/we understand and agree that while my/our Discount Rate as stated above will be charged on most electronically authorized payment card transactions batched and closed daily, charges up to 5% higher than my discount rate may apply where additional criteria is not met. Examples of where higher rates may apply, include but are not limited to, MOTO, keyed in transactions, transactions without AVS, business and foreign card transactions (See Section 7.3 for further information on Discount Rates 2 and 3). 2) Pass-through Association fees include Visa Acquiring Processing Fee, Visa Misuse of Auth Fee, Visa International Service Assessment Fee (ISA), Visa Zero Floor Limit Fee, Visa International Acquirer Fee, MC Acquirer Program Support Fee, MC Cross Border Fee, and the MC Network Access and Brand Usage (NABU) Fee. Please visit the Associations' website for further details. 3) By checking the "Yes" checkbox, I acknowledge that I am using a third party to store, process or transmit cardholder data. ☒ Yes

Give name/address: (examples include, but not limited to hosting companies, shopping carts, Loyalty Programs, Electronic Data Capture). Please identify any software used for storing, transmitting or processing Card Transaction or Authorization requests.

My Merchants Benefits Club

- ☐ The representative has explained the My Merchant Benefits Club program to me and I elect to opt out of the program. I understand I can opt into the program at any time and benefit from great deals, including equipment support and replacement per terminal/peripheral (where applicable), as well as great discounts for items such as car rentals, hotels, office supplies, health, legal services and more for my company and employees for an additional fee of \$14.95 per month.

American Express

Estimated Annual American Express Charge Volume \$ _____ Average Ticket \$ _____

() American Express ESA

Existing ESA SE _____

Merchant CAP _____

Discount Rate _____ %

Per Transaction Fee \$ _____

OR

PrePaid Discount Rate _____ %

PrePaid Per Transaction Fee \$ _____

() \$7.95/month option for merchants under \$5,000 - mandatory for Internet-Physical Delivery, MO/TO and Home-Based regardless of volume (ESA program only)

() New American Express OnePoint

Discount Rate _____ %

Per Transaction Fee \$ _____

PrePaid Discount Rate _____ %

PrePaid Per Transaction Fee \$ _____

All fees are applicable to OnePoint and ESA unless otherwise stated.

Card Not Present (CNP) Fee:

0.30% Downgrade

Inbound Fee:

0.40% Downgrade for all Cross-Border Transactions

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity, which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize Cynergy Data, LLC, and American Express Travel Related Services Company, Inc. ("AXP"), and AXP's agents and Affiliates to verify the information in this application and receive and exchange information about the merchant, including by requesting reports from consumer reporting agencies from time to time, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Cynergy Data, LLC, and AXP and AXP's agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. Please read the American Express Privacy Statement at <http://www.americanexpress.com/privacy> to learn more about how American Express protects your privacy and how American Express uses your information. I understand that I may opt out of marketing communications by visiting this website or contacting American Express at 1-800-629-5200.

I understand that upon AXP's approval of the application, the entity will be provided with the Agreement and materials welcoming it either to AXP's program for Cynergy Data, LLC, to perform services for AXP (OnePoint) or to AXP's standard Card acceptance program (ESA) which has different servicing terms (e.g. different speeds of pay).

If qualified for OnePoint, I acknowledge that Cynergy Data will provide merchant instructions on accessing the American Express Terms and Conditions (Agreement for American Express® Card Acceptance American Express OnePoint® Program) and the American Express Merchant Regulations - U.S. including any updates to these regulations as they are made available via <https://www.myaccounttools.com/corporate/site/login.asp>. Specific instructions will be delivered to the entity via a welcome letter that will be forthcoming upon account approval.

I understand that if the entity does not qualify for the Cynergy Data, LLC, servicing program that the entity may be enrolled in AXP's standard Card acceptance program, and the entity may terminate the Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Agreement.

Merchant Signature _____

Date: _____

Debit/Credit Authorization - Include a voided check or bank letter verifying bank account information.

Merchant authorizes Cynergy Data, LLC, ("Processor") or BMO Harris Bank N.A. ("Bank") to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depositary transfer checks to and from the following account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement, for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entries in said account concerning lease, rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for supplies and materials. This automated clearing House authorization cannot be revoked until all Merchant obligations under this agreement are satisfied, and Merchant gives Cynergy Data written notice of revocation.

DDA: _____

52466

ABA Routing: _____

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT, from any of the undersigned individual guarantor(s) or from any other person or entity with financial responsibilities under this agreement. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested. By signing below, or clicking I accept, Merchant represents that the information provided in this Application is true, complete and not misleading in any way.

AVERAGE TICKET SIZE: _____

105.22

AVERAGE MONTHLY VOLUME: _____

100,060

Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also, see paragraphs 5.4 and 15.3 of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant. Processor shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Processor and/or BMO Harris Bank N.A. Chicago, IL. By signing below, you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of the merchant operating guide. Those provisions must be read before signing. By signing below, you agree to the terms on the front and back of this MERCHANT Processing Agreement and the merchant operating guide.

Individual Guaranty - No Titles

As a primary inducement to Processor and Bank to enter into this Agreement, the undersigned Guarantor(s), by signing this Agreement, jointly and severally, unconditionally and irrevocably, personally guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Processor or Bank, as such agreements now exist or are amended from time to time, with or without notice. Guarantor(s) understands further that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to it or any security held by Processor and Bank or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understands that the inducement to Processor and Bank to enter into this agreement is consideration for the guaranty, and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty.

AGREED AND ACCEPTED:

X _____

#1 From Application - Signature

Date

4/10/14

X _____

#2 From Application - Signature

Date

For All Businesses - Business Resolution

The indicated officer(s) identified in numbers 1 and/or 2 below have the authorization to execute the MERCHANT Processing Agreement on behalf of the here within named business. **MERCHANT UNDERSTANDS THAT THIS AGREEMENT SHALL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY BANK AND A MERCHANT NUMBER IS ISSUED.**

Thunder Avenue, LLC

Print Legal Name of Merchant Business

X _____

#1 From Application - Signature

Date

4/10/14

X _____

#2 From Application - Signature

Date

Accepted by Processor

Date

X _____

Accepted by BMO Harris Bank N.A. Chicago, IL

Date

Mail, Telephone Order, & Internet Merchant Addendum

IMPORTANT NOTICE: Visa and MasterCard have set a minimum standard requirement for accepting credit cards on the Internet. In order to avoid a significant delay in the settlement of your funds, please ensure that your website has the following seven (7) items completed prior to the commencement of your credit card processing:

1. Refund / Cancellation Policy
2. Privacy Policy
3. Terms & Conditions listed
4. Products & the Corresponding Pricing listed
5. 128-bit SSL page(s) where personal and credit card information is obtained (usually provided by shopping cart or gateway)
6. Telephone Customer Service contact number
7. Shipping & Handling method and shipping delivery time after the sale

URGENT!!!! You must contact your sales representative immediately upon completing the above 7 internet processing requirements!

Underwriting & Marketing Review. Please answer the following questions as accurately as possible.

Submit sample(s) of product brochure, promotional materials, product catalogue, etc. How will product be advertised or promoted?
internet

If advertising on Internet, list website address: www.dentalproathomemarketing.com

Preferred 23 character (or less) DBA identifier (appears on customers' billing statement)

T A D * P R O D E H O M E 8 8 8 4 4 7 0 3 0 3

List name(s) and address(es) of vendor from which the product is purchased:
Sunshine Health, Oakland Park, FL and Oratech, SLC, UT

List name(s) and address(es) of third party or fulfillment organizations, or parties aside from your staff who will assist or participate with the sales, marketing, processing of orders, or shipping of merchandise:
Rev Go Fulfillment, 7565 Commercial Way, Unit E, Henderson, NV 89011

List geographical area(s) in which the product or service will be marketed and sold: US, CAN, UK

List carrier services that will deliver product or service: USPS, Globegistics

What is your return or refund policy? RMA required, full refund if canceled within 30 days of shipment

How does the customer order the product or service? www.dentalproathomemarketing.com

When you receive an authorization, how long before merchandise is shipped or services are provided? 1-3 days

Do you perform recurring monthly billing? ☒ Yes ☐ No If Yes, ☒ Monthly ☐ Quarterly ☐ Bi-annual ☐ Annual
Is your database collecting entire credit card numbers? ☐ Yes ☒ No If Yes, are you PCI compliant? ☐ Yes ☐ No

This amendment is made by & between BMO Harris Bank, N.A., Chicago, IL ('Bank'), & the undersigned "MERCHANT" & subject to the approval of BANK
WHEREAS: Bank is engaged in the general banking business including the purchase of Credit Card Transactions from merchants and provide certain services related to the processing of Credit Card Transactions to MERCHANT; and

WHEREAS: MERCHANT desires to honor at this business location(s) Card Numbers presented in connection with the Mail Order/Telephone Order sale of product/ services to customers; and

WHEREAS: BANK and MERCHANT has entered into BMO Harris Bank, N.A., Chicago, IL ('Bank') VISA/MasterCard Processing Agreement ('Agreement'). **NOW THEREFORE,** in consideration of the representations, covenants, and promises made herein, the parties hereto agree to amend Agreement as follows:

1. **MERCHANT** agrees to use and retain proof of a traceable delivery system as means of shipment of product to customer.
2. **MERCHANT** agrees that transactions will not be processed until products are shipped to Cardholder.
3. **MERCHANT** agrees to a charge of \$0.05 per AVS transaction(s) when applicable.
4. Agreement may be immediately terminated by BANK if MERCHANT fails to comply with any of the terms of this agreement.

AGREED & ACCEPTED BY:

DATE: 4/10/14

OWNER / OFFICER

Authorized BMO Harris Bank, N.A. Agent

Marnie Baesler

Print Name

Print Name

Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL

Rev2. 09/25/13
Page 12 of 15

Thunder Avenue, LLC
100 FILLMORE ST FL 5
DENVER CO 80206

TCF NATIONAL BANK
82-644/1070

2001

PAY TO THE
ORDER OF

\$

DOLLARS

MEMO

⑈002001⑈

5266⑈

Thunder Avenue, LLC

2001

Thunder Avenue, LLC

2001

PPSISL000708



www.brockcpas.com



September 5, 2013

Blair McNea, Member
Thunder Avenue, LLC
100 Fillmore Street, 5th Floor
Denver, CO 80206

Dear Blair:

Enclosed are your 2012 partnership tax returns, as follows...

2012 U.S. RETURN OF PARTNERSHIP INCOME

2012 COLORADO RETURN OF PARTNERSHIP INCOME

The returns were prepared from the information furnished by you. Please review before filing to ensure there are no omissions or misstatements of material facts.

Your returns have been prepared for electronic filing. You must sign and return the efile authorization forms to our office as explained in the filing instructions. Your copy should be retained for your files for a minimum of three years from the due date or extended due date of the return.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Very truly yours,

BROCK AND COMPANY, CPAs. P.C.

2012 TAX RETURN FILING INSTRUCTIONS**U.S. RETURN OF PARTNERSHIP INCOME****FOR THE YEAR ENDING**December 31, 2012

Prepared for	Blair McNea, Member Thunder Avenue, LLC 100 Fillmore Street, 5th Floor Denver, CO 80206
Prepared by	Brock and Company, CPAs, P.C. 900 S Main Street, Suite 200 Longmont, CO 80501
To be signed and dated by	A member manager of the LLC
Amount of tax	Not applicable
Mail tax return to	This return has been prepared for electronic filing. To have it transmitted electronically to the IRS, please sign, date, and return Form 8879-PE to our office. We will then submit your electronic return.
Forms to be distributed to partners	
Return must be mailed on or before	Not applicable
Special Instructions	<p>Do not mail the paper copy of the return to the IRS.</p> <p>You should provide a paper copy of the Schedules K-1 to the respective partners immediately. If you choose to distribute these schedules electronically, you must distribute them in accordance with the specific requirements contained in IRS Revenue Procedure 2012-17, which generally requires the prior written consent of the partner. Please contact us if you need assistance regarding these requirements.</p>

1065 Form Department of the Treasury Internal Revenue Service		U.S. Return of Partnership Income For calendar year 2012, or tax year beginning _____, ending _____ EXTENSION GRANTED TO 09/16/13		OMB No. 1545-0099 2012	
A Principal business activity CREDIT CARD PROCESSING		Name of partnership THUNDER AVENUE, LLC		D Employer identification number 26-4328079	
B Principal product or service CREDIT CARD PROCESSING		Number, street, and room or suite no. If a P.O. box, see the instructions. 100 FILLMORE STREET, 5TH FLOOR		E Date business started 02/25/2009	
C Business code number 525990		City or town, state, and ZIP code DENVER CO 80206		F Total assets \$ 22,878.	

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return
 (6) ☐ Technical termination - also check (1) or (2)

H Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify) ▶

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ **2**

J Check if Schedules C and M-3 are attached ☐

Caution. Include *only* trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales		754,111.	1c	658,196.
	b Returns and allowances		95,915.		
	c Balance. Subtract line 1b from line 1a				
	2 Cost of goods sold (attach Form 1125-A)				
	3 Gross profit. Subtract line 2 from line 1c		658,196.		
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)				
	5 Net farm profit (loss) (attach Schedule F (Form 1040))				
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)				
7 Other income (loss) (attach statement)					
8 Total income (loss). Combine lines 3 through 7			658,196.		
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)			6,000.	
	10 Guaranteed payments to partners				
	11 Repairs and maintenance				
	12 Bad debts				
	13 Rent		2,770.		
	14 Taxes and licenses		657.		
	15 Interest				
	16 a Depreciation (if required, attach Form 4562)				
	b Less depreciation reported on Form 1125-A and elsewhere on return				
	17 Depletion (Do not deduct oil and gas depletion.)				
	18 Retirement plans, etc.				
	19 Employee benefit programs				
	20 Other deductions (attach statement) SEE STATEMENT 2		648,915.		
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20		658,342.		
22 Ordinary business income (loss). Subtract line 21 from line 8		-146.			

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge. Signature of general partner or limited liability company member manager _____ Date _____		May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only Print/Type preparer's name CRAIG CHANEY Preparer's signature _____ Date _____ Check <input type="checkbox"/> if self-employed PTIN P00163210 Firm's name BROCK AND COMPANY, CPAS, P.C. Firm's EIN 84-0930288 Firm's address 900 S MAIN STREET, SUITE 200 LONGMONT, CO 80501 Phone no. 303-776-2160			

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **1065** (2012)

Form 1065 (2012) **THUNDER AVENUE, LLC****26-4328079** Page **2****Schedule B Other Information**

1 What type of entity is filing this return? Check the applicable box				Yes	No
a <input type="checkbox"/> Domestic general partnership	b <input type="checkbox"/> Domestic limited partnership				
c <input checked="" type="checkbox"/> Domestic limited liability company	d <input type="checkbox"/> Domestic limited liability partnership				
e <input type="checkbox"/> Foreign partnership	f <input type="checkbox"/> Other ▶				
2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?				X	
3 At the end of the tax year:					
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership				X	
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership					X
4 At the end of the tax year, did the partnership:					
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below					X
(i) Name of Corporation	(ii) Employer identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below					X
(i) Name of Entity	(ii) Employer identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital	
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details					X
6 Does the partnership satisfy all four of the following conditions?					
a The partnership's total receipts for the tax year were less than \$250,000.					
b The partnership's total assets at the end of the tax year were less than \$ 1 million.					
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.					
d The partnership is not filing and is not required to file Schedule M-3					X
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.					
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?					X
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?					X
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?					X
10 At any time during calendar year 2012, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country. ▶					X

Form **1065** (2012)

Form 1065 (2012) **THUNDER AVENUE, LLC****26-4328079** Page **3****Schedule B Other Information** (continued)

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly-owned by the partnership throughout the tax year) <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership.		X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return.		
18a Did you make any payments in 2012 that would require you to file Form(s) 1099? See instructions		X
b If "Yes," did you or will you file required Form(s) 1099?		
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return.		
20 Enter the number of partners that are foreign governments under section 892.		

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP	THINACTION, LLC	Identifying number of TMP	26-4327987
If the TMP is an entity, name of TMP representative	BLAIR MCNEA	Phone number of TMP	
Address of designated TMP	6260 LOOKOUT ROAD BOULDER, CO 80301		

Form **1065** (2012)

**SCHEDULE B-1
(Form 1065)**(Rev. December 2011)
Department of the Treasury
Internal Revenue Service**Information on Partners Owning 50% or
More of the Partnership**

▶ Attach to Form 1065. See instructions.

OMB No. 1545-0099

Name of partnership

Employer identification number

THUNDER AVENUE, LLC**26-4328079****Part I Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 3a)

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
THINACTION, LLC	26-4327987	LLC	UNITED STATES	99.00
CONVERTIS, LLC	20-4673205	PARTNERSHIP	UNITED STATES	99.00
CONVERTIS MARKETING, LLC	27-0292175	PARTNERSHIP	UNITED STATES	99.00

Part II Individuals or Estates Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3b)

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-1 (Form 1065) (Rev. 12-2011)

651112

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

For calendar year 2012, or tax

year beginning

ending

2012

Partner's Share of Income, Deductions,
Credits, etc.

▶ See separate instructions.

☐ Final K-1☐ Amended K-1

OMB No. 1545-0099

Part I Information About the Partnership

A Partnership's employer identification number

26-4328079

B Partnership's name, address, city, state, and ZIP code

THUNDER AVENUE, LLC
100 FILLMORE STREET, 5TH FLOOR
DENVER, CO 80206

C IRS Center where partnership filed return

E-FILE

D ☐ Check if this is a publicly traded partnership (PTP)**Part II** Information About the Partner

E Partner's identifying number

26-4327987

F Partner's name, address, city, state, and ZIP code

THINACTION, LLC
6260 LOOKOUT ROAD
BOULDER, CO 80301G ☐ General partner or LLC
member-manager☒ Limited partner or other LLC
memberH ☒ Domestic partner☐ Foreign partnerI What type of entity is this partner? **PARTNERSHIP**J If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	99.0000000%	99.0000000%
Loss	99.0000000%	99.0000000%
Capital	99.0000000%	99.0000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$	
Qualified nonrecourse financing	\$	
Recourse	\$	0.

L Partner's capital account analysis:

Beginning capital account	\$	22,359.
Capital contributed during the year	\$	
Current year increase (decrease)	\$	-145.
Withdrawals & distributions	\$	
Ending capital account	\$	22,214.

☐ Tax basis ☒ GAAP ☐ Section 704(b) book
☐ Other (explain)

M Did the partner contribute property with a built-in gain or loss?

☐ Yes ☒ No

If "Yes", attach statement (see instructions)

Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items

1 Ordinary business income (loss) -145.	15 Credits
2 Net rental real estate income (loss)	16 Foreign transactions
3 Other net rental income (loss)	
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	17 Alternative min tax (AMT) items
6b Qualified dividends	
7 Royalties	18 Tax-exempt income and nondeductible expenses
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	19 Distributions
9b Collectibles (28%) gain (loss)	
9c Unrecaptured sec 1250 gain	20 Other information
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss) A 0.	

*See attached statement for additional information.

For IRS Use Only

651112

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

For calendar year 2012, or tax

year beginning

ending

2012

Partner's Share of Income, Deductions,
Credits, etc.

▶ See separate instructions.

☐ Final K-1☐ Amended K-1

OMB No. 1545-0099

Part I Information About the PartnershipA Partnership's employer identification number
26-4328079

B Partnership's name, address, city, state, and ZIP code

**THUNDER AVENUE, LLC
100 FILLMORE STREET, 5TH FLOOR
DENVER, CO 80206**C IRS Center where partnership filed return
E-FILED ☐ Check if this is a publicly traded partnership (PTP)**Part II** Information About the PartnerE Partner's identifying number
[REDACTED]

F Partner's name, address, city, state, and ZIP code

**MARNIE BAESLER
[REDACTED]
EASTLAKE, CO 80614**G ☐ General partner or LLC
member-manager☒ Limited partner or other LLC
memberH ☒ Domestic partner☐ Foreign partnerI What type of entity is this partner? **INDIVIDUAL**J If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	1.0000000%	1.0000000%
Loss	1.0000000%	1.0000000%
Capital	1.0000000%	1.0000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$	
Qualified nonrecourse financing	\$	
Recourse	\$	0.

L Partner's capital account analysis:

Beginning capital account	\$	-1,031.
Capital contributed during the year	\$	
Current year increase (decrease)	\$	-1.
Withdrawals & distributions	\$	
Ending capital account	\$	-1,032.

☐ Tax basis ☒ GAAP ☐ Section 704(b) book
☐ Other (explain)

M Did the partner contribute property with a built-in gain or loss?

☐ Yes ☒ No

If "Yes", attach statement (see instructions)

Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items

1 Ordinary business income (loss) -1.	15 Credits
2 Net rental real estate income (loss)	16 Foreign transactions
3 Other net rental income (loss)	17 Alternative min tax (AMT) items
4 Guaranteed payments	18 Tax-exempt income and nondeductible expenses
5 Interest income	19 Distributions
6a Ordinary dividends	20 Other information
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	
9c Unrecaptured sec 1250 gain	
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss) A 0.	


*See attached statement for additional information.

For IRS Use Only

PX11

PPS Attachment N

Thunder Avenue Account Documents

MERCHANT APPLICATION					
		Merchant # _____			
		<input checked="" type="checkbox"/> New Location <input type="checkbox"/> Additional Location 11835 W. Olympic Blvd • Ste 650E • Los Angeles, CA 90064 Tel: 310.220.0624 • Fax: 310.602.6282 www.gmapay.com			
		SPB*SmileProBrands			
Business Information Note: Your Business Legal Name and Tax ID Number must be entered exactly as it appears on your Income Tax Return or on your SS4-Employer Identification Number (EIN) letter to avoid fees and income withholding by the IRS.					
Legal Name (as it appears on your income tax return): Thunder Avenue, LLC			Name of Account (Doing Business As): www.smileprobrands.com		
Legal Address: 100 Fillmore Avenue, 5th Floor			Physical Street Address (No P.O. Box): 100 Fillmore Avenue, 5th Floor		
City: Denver	State: CO	Zip: 80203	City: Denver	State: CO	Zip: 80203
Phone #: (720) 895-1414	Contact: Marnie Baesler		DBA Phone #: (866) 441-5234	Fax #: (303) 530-0771	
Must Choose One Mailing Address: <input type="checkbox"/> DBA Address <input checked="" type="checkbox"/> Legal Address			E-Mail Address: marnie@smileprobrands.com		
Website Address: www.smileprobrands.com					
Federal Tax #: 2164328079		# of Locations: 1	Years in Business: 5	Years Owned Business: 5	
Place of Legal Formation: Colorado			Country of Primary Business Operations: USA		
Bank Reference: TCF			Contact: Phone #: (303) 823-2265		
Owners or Officers - (Individual Ownership Must be Equal to or Greater than 50%)					
Name: 1. Marnie Baesler		Title: Manager	Date of Birth: 6/68	Applicant's SS #: [REDACTED]	% Equity Ownership: 80
Residence Address: [REDACTED]		City: Thornton	State: CO	Zip: 80241	# Years: 5
US Government Issued ID#: [REDACTED]		Type of ID: dl	Expiration Date: 2015	Country of Citizenship (if not US): [REDACTED]	
Name: 2.		Title: [REDACTED]	Date of Birth: [REDACTED]	Applicant's SS #: [REDACTED]	% Equity Ownership: [REDACTED]
Residence Address: [REDACTED]		City: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]	# Years: [REDACTED]
US Government Issued ID#: [REDACTED]		Type of ID: [REDACTED]	Expiration Date: [REDACTED]	Country of Citizenship (if not US): [REDACTED]	
Business Profile					
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Assoc/Estates/Trusts <input type="checkbox"/> Joint Venture <input type="checkbox"/> Government <input type="checkbox"/> Corporation (Privately Traded) <input type="checkbox"/> Corporation (Publicly Traded) <input type="checkbox"/> Medical or Legal Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt Org <input type="checkbox"/> Single Member LLC <input checked="" type="checkbox"/> Multi Member LLC <input type="checkbox"/> Civic Assoc <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Political Org <input type="checkbox"/> Other					
Type of Goods or Services Sold: at home teeth whitening		SIC Code: 5969			
Do you currently accept Discover/Visa/Mastercard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, you should submit 3 current months' statements.)		Name of Current Processor: MAGNET, CASH, JETNET			
Has Merchant or any associated principal disclosed below filed bankruptcy or been subject to involuntary bankruptcy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date: _____			
Sales Profile					
Merchant Type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Home Based <input type="checkbox"/> Other		Discover/Visa/MasterCard Sales Profile Be Accurate: Card Swipes % Manual Key Entry with Imprint, % Card Present % Mail Order/Telephone % Internet 100 % Total = 100 %			
Business Trade Suppliers - List Two					
Name: Sunshine Health	Address: Oakland Park, FL	Contact: Ralph Morton	Phone #: (954) 493-5469		
Name: Verifi	Address: [REDACTED]	Contact: Shane Lynch	Phone #: (323) 655-5789		
Merchant Site Survey Report - To Be Completed by Sales Representative					
Merchant Location: <input type="checkbox"/> Retail Location with Store Front <input checked="" type="checkbox"/> Office Building <input type="checkbox"/> Internet <input type="checkbox"/> Residence <input type="checkbox"/> Other Area Zoned: <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential Square Footage: <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001+					
Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain: _____					
The Merchant: <input checked="" type="checkbox"/> Owns <input type="checkbox"/> Leases the Business Premises Landlord Name & Phone #: N/A					
Further Comments by inspector (Must Complete) _____					
I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.					
Verified and Inspected by: X		Office #: 12478 Representative		Representative Signature: [Signature] Date: 7.11.2017	

Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL

Rev2. 09/25/13
Page 1 of 13

Discover / Visa / Mastercard Standard Retail / High Risk Retail Rates				Mail / Phone / Internet / Touchtone Rates			
Merchant Chooses to accept the following:				Merchant Chooses to accept the following:			
DISCOVER (Other Cards) Discount Rate: _____				DISCOVER/MC (Other Cards) Discount Rate: <u>4.25 %</u>			
USANC Discount Rate for Debit Cards: _____				USANC Discount Rate for Debit Cards: <u>4.25 %</u>			
Fees				Fees			
DISCOVER/MC Transaction Fee: _____	Per Item			DISCOVER/MC Transaction Fee: <u>10.35</u>	Per Item		
Non-Standard Transaction Fee: _____	Per Item			Non-Standard Transaction Fee: _____	Per Item		
Non-Standard: _____ % Discount Rate	Per Item			Non-Standard: _____ % Discount Rate	Per Item		
Statement Fee: _____	Per Item			Statement Fee: <u>10</u>	Monthly		
VIMAS Online Service: _____	Monthly			VIMAS Online Service: _____	Monthly		
Monthly Minimum: _____	Monthly			Monthly Minimum: <u>1750</u>	Monthly		
Annual Fee: _____	Per year			Annual Fee: <u>199</u>	Per year		
Debit Transaction Fee Plus Network Fees: _____	Per Item			ATM/Internet Surcharge: _____	Per Item		
EBT Transaction Fee: _____	Per Item			AVS Surcharge: <u>10.10</u>	Per Item		
EBT Statement Fee: _____	Monthly			Batch Fee: <u>11.00</u>	Per Batch		
Batch Fee: _____	Per Batch			Manual Imprint: <u>125.00</u>	One Time		
Manual Imprint: <u>QTY: 62</u>	One Time			Changeback Fee: <u>58.00</u>	Per Item		
Changeback Fee: <u>58.00</u>	Per Item			ACH Reject Fee: <u>58.00</u>	Per Item		
ACH Reject Fee: <u>58.00</u>	Per Item			Retrieval Fee: _____	Per Item		
Retrieval Fee: <u>58.00</u>	Per Item			Voice Authorization Fee: <u>50.95</u>	Per Call		
Voice Authorization Fee: <u>50.95</u>	Per Call			Gateway Access Fee: _____	Monthly		
Gateway Access Fee: _____	Monthly			Government Compliance Fee: <u>58.85</u>	Per Month		
AVS Surcharge: _____	Per Item			TIN Mismatch Fee: <u>58.00</u>	Until Validated		
Government Compliance Fee: <u>58.85</u>	Per Month			Donate/Withdraw Fee: <u>24.95</u>	Per Month		
TIN Mismatch Fee: <u>58.00</u>	Until Validated			Early Termination Fee: <u>1495.00</u>	One Time		
Donate/Withdraw Fee: <u>24.95</u>	Per Month						
Early Termination Fee: <u>1495.00</u>	One Time						
Misc Fees:	Start Mo/Yr:	Amount:	Term:	Misc Fees:	Start Mo/Yr:	Amount:	Term:
#1 _____				#1 <u>62 SET UP</u>		<u>150</u>	<u>ONE TIME</u>
#2 _____				#2 <u>62 MONTHLY</u>		<u>150</u>	<u>MONTHLY</u>
#3 _____				#3 _____			
#4 _____				#4 _____			
#5 _____				#5 _____			
		% of Volume and/or \$	per Item			% of Volume and/or \$	per Item
<p>1) We understand and agree that while my/our Discount Rate as stated above will be charged on most electronically authorized payment card transactions initiated and closed daily, charges up to 5% higher than my discount rate may apply where additional criteria is not met. Examples of where higher rates may apply, include but are not limited to, MOTO, keyed in transactions, transactions without AVS, business and foreign card transactions (See Section 7.3 for further information on Discount Rates 2 and 3). 2) Pass-through Association fees include Visa Acquiring Processing Fee, Visa Misuse of Auth Fee, Visa International Service Assessment Fee (ISA), Visa Zero Flow Limit Fee, Visa International Acquirer Fee, MC Acquirer Program Support Fee, MC Cross Border Fee, and the MC Network Access and Brand Usage (NABU) Fee. Please visit the Associations' website for further details. 3) By checking the "Yes" checkbox, I acknowledge that I am using a third party to store, process or transmit cardholder data. <input type="checkbox"/> Yes</p> <p>Give name/address: (examples include, but not limited to hosting companies, shopping carts, Loyalty Programs, Electronic Data Capture). Please identify any software used for storing, transmitting or processing Card Transaction or Authorization requests: _____</p>							
My Merchant Benefits Club							
<p><input checked="" type="checkbox"/> The representative has explained the My Merchant Benefits Club program to me and I elect to opt out of the program. I understand I can opt into the program at any time and benefit from great deals, including equipment support and replacement per terminal/peripheral (where applicable), as well as great discounts for items such as our rentals, hotels, office supplies, health, legal services and more for my company and employees for an additional fee of \$14.95 per month.</p>							

▶ American Express

Estimated Annual American Express Charge Volume \$ _____ Average Ticket \$ _____

☐ American Express ESA Existing ESASE _____ Merchant CAP _____

Discount Rate _____ % Per Transaction Fee \$ _____

OR PrePaid Discount Rate _____ % PrePaid Per Transaction Fee \$ _____

☐ 1.57.55/month option for merchants under \$5,000 – mandatory for Internet-Physical Delivery, MD/TO and Home-Based regardless of volume (ESA program only)

☐ New American Express OnePoint Discount Rate _____ % Per Transaction Fee \$ _____

PrePaid Discount Rate _____ % PrePaid Per Transaction Fee \$ _____

All fees are applicable to OnePoint and ESA unless otherwise stated.
Card Not Present (CNP) Fee: 0.30% Downgrade
Inbound Fee: 0.40% Downgrade for all Cross-Border Transactions

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity, which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize Cynergy Data, LLC, and American Express Travel Related Services Company, Inc. ("AXP"), and AXP's agents and affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies from time to time, and disclose such information to their agent, subcontractors, affiliates and other parties for any purpose permitted by law. I authorize and direct Cynergy Data, LLC, and AXP and AXP's agents and affiliates to inform me directly, or inform the entity above, about the contents of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. Please read the American Express Privacy Statement at <http://www.americanexpress.com/privacy> to learn more about how American Express protects your privacy and how American Express uses your information. I understand that I may opt out of marketing communications by visiting this website or contacting American Express at 1-800-526-5200.

I understand that upon AXP's approval of the application, the entity will be provided with the Agreement and materials welcoming it either to AXP's program for Cynergy Data, LLC, to perform services for AXP (OnePoint) or to AXP's standard Card acceptance program (ESA) which has different servicing terms (e.g. different speeds of pay).

If qualified for OnePoint, I acknowledge that Cynergy Data will provide merchant instructions on accessing the American Express Terms and Conditions (Agreement for American Express® Card Acceptance American Express OnePoint® Program) and the American Express Merchant Regulations – U.S. including any updates to these regulations as they are made available via <http://www.americanexpress.com/merchantregulations>. Specific instructions will be delivered to the entity via a welcome letter that will be forthcoming upon account approval.

I understand that if the entity does not qualify for the Cynergy Data, LLC, servicing program that the entity may be enrolled in AXP's standard Card acceptance program, and the entity may terminate the Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Agreement.

Merchant Signature _____ Date: _____

▶ Debit/Credit Authorization – Include a voided check or bank letter verifying bank account information.

Merchant authorizes Cynergy Data, LLC, ("Processor") or BMO Harris Bank N.A. ("Bank") to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement, for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entries in said account concerning lease, rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for supplies and materials. This automated clearing House authorization cannot be revoked until all Merchant obligations under this agreement are satisfied, and Merchant gives Cynergy Data written notice of revocation.

DDA: 5266

ABA Routing: _____

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT, from any of the undersigned individual guarantor(s) or from any other person or entity with financial responsibility under this agreement. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested. By signing below, or clicking I accept, Merchant represents that the information provided in this Application is true, complete and not misleading in any way.

AVERAGE TICKET SIZE: \$39.99

AVERAGE MONTHLY VOLUME: \$50,000.00

Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also, see paragraphs 5.4 and 16.3 of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant. Processor shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Processor and/or BMO Harris Bank N.A., Chicago, IL. By signing below, you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of this merchant operating guide. Those provisions must be read before signing. By signing below, you agree to the terms on the front and back of this MERCHANT Processing Agreement and the merchant operating guide.

▶ Individual Guaranty – No Titles

As a primary inducement to Processor and Bank to enter into this Agreement, the undersigned Guarantor(s), by signing this Agreement, jointly and severally, unconditionally and irrevocably, personally guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Processor or Bank, as such agreements now exist or are amended from time to time, with or without notice. Guarantor(s) understands further that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to it or any security held by Processor and Bank or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understands that the inducement to Processor and Bank to enter into this agreement is consideration for the guaranty, and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty.

AGREED AND ACCEPTED:

X _____ 7/2/14
#1 From Application – Signature Date

X _____
#2 From Application – Signature Date

▶ For All Businesses – Business Resolution

The indicated officer(s) identified in numbers 1 and/or 2 below have the authorization to execute the MERCHANT Processing Agreement on behalf of the here within named business. MERCHANT UNDERSTANDS THAT THIS AGREEMENT SHALL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY BANK AND A MERCHANT NUMBER IS ISSUED.

Thunder Avenue, LLC

Print Legal Name of Merchant Business

X _____ 7/2/14
#1 From Application – Signature Date

X _____
#2 From Application – Signature Date

X _____
Accepted by Processor Date

X _____
Accepted by BMO Harris Bank N.A. Chicago, IL Date

Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL

Rev. 2.08/25/13
Page 3 of 13

Mail, Telephone Order, & Internet Merchant Addendum

IMPORTANT NOTICE: Visa and MasterCard have set a minimum standard requirement for accepting credit cards on the Internet. In order to avoid a significant delay in the settlement of your funds, please ensure that your website has the following seven (7) items completed prior to the commencement of your credit card processing:

1. Refund / Cancellation Policy
 2. Privacy Policy
 3. Terms & Conditions listed
 4. Products & the Corresponding Pricing listed
 5. 128-bit SSL page(s) where personal and credit card information is obtained (usually provided by shopping cart or gateway)
 6. Telephone Customer Service contact number
 7. Shipping & Handling method and shipping delivery time after the sale
- URGENT!!! You must contact your sales representative immediately upon completing the above 7 Internet processing requirements!**

Underwriting & Marketing Review: (Please answer the following questions as accurately as possible)

Submit sample(s) of product brochure, promotional materials, product catalogue, etc. How will product be advertised or promoted?

If advertising on Internet, list website address: www.smileprobrands.com NB

Preferred 23 character (or less) DBA Identifier (appears on customers' billing statement)

T	A	S	M	I	L	E	*	P	R	O	B	6	6	4	4	1	5	2	3	4		
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List name(s) and address(es) of vendor from which the product is purchased:
Sunshine Health, Oakland Park, FL and Oratech, SLC, UT

List name(s) and address(es) of third party or fulfillment organizations, or parties aside from your staff who will assist or participate with the sales, marketing, processing of orders, or shipping of merchandise:
RevGo Fulfillment, 7565 Commercial Way, Unit E, Henderson, NV 89011

List geographical area(s) in which the product or service will be marketed and sold: US, CAN, UK

List carrier services that will deliver product or service: USPS, Globegistics

What is your return or refund policy? RMA required, full refund if canceled within 30 days of shipment

How does the customer order the product or service? www.smileprobrands.com

When you receive an authorization, how long before merchandise is shipped or services are provided? 1-3 days

Do you perform recurring monthly billing? ☒ Yes ☐ No If Yes, ☒ Monthly ☐ Quarterly ☐ Bi-annual ☐ Annual
Is your database collecting entire credit card numbers? ☐ Yes ☒ No If Yes, are you PCI compliant? ☐ Yes ☐ No

This amendment is made by & between BMO Harris Bank, N.A., Chicago, IL (Bank), & the undersigned "MERCHANT" & subject to the approval of BANK. WHEREAS: Bank is engaged in the general banking business including the purchase of Credit Card Transactions from merchants and provide certain services related to the processing of Credit Card Transactions to MERCHANT; and

WHEREAS: MERCHANT desires to honor at this business location(s) Card Numbers presented in connection with the Mail Order/Telephone Order sale of product/ services to customers; and

WHEREAS: BANK and MERCHANT has entered into BMO Harris Bank, N.A., Chicago, IL (Bank) VISA/MasterCard Processing Agreement (Agreement). NOW THEREFORE, in consideration of the representations, covenants, and promises made herein, the parties hereto agree to amend Agreement as follows:

1. MERCHANT agrees to use and retain proof of a traceable delivery system as means of shipment of product to customer.
2. MERCHANT agrees that transactions will not be processed until products are shipped to Cardholder.
3. MERCHANT agrees to a charge of \$0.25 per AVS transaction(s) when applicable.
4. Agreement may be immediately terminated by BANK if MERCHANT fails to comply with any of the terms of this agreement.

AGREED & ACCEPTED BY:

DATE: 7/2/14

OWNER/OFFICER:

Authorized BMO Harris Bank, N.A. Agent

Marnie Baesler

Print Name

Print Name

Global Merchant Advisors is a registered ISOMSP of BMO Harris Bank, N.A., Chicago, IL

Rev2, 05/25/13
Page 12 of 15

Thunder Avenue, LLC
100 FILLMORE ST FL 5
DENVER CO 80206

TCF NATIONAL BANK
82-644/1070

2001

PAY TO THE ORDER OF

\$

DOLLARS

VOID

MEMO

002001 [REDACTED] 5266

Details on Back

Intuit® CheckLock™ Secure Check

Thunder Avenue, LLC

2001

Thunder Avenue, LLC

2001



TRANSUNION CONSUMER CREDIT REPORT

Subscriber Name: GLOBAL MERCH
 Subscriber Code/Market: F 5756620 12 01
 Results Issued: 5/06/14 11:50 CT

INPUT PARAMETERS FOR PRIMARY SUBJECT

Reference ID:
 SSN: [REDACTED]
 Name: Baesler, Marnie
 Current Address: Thornton CO.80241

BAESLER , MARNIE K.

Also Known As:

TALMICH,MARNIE,KAY
 BAESLER,MARNIE,KAY
 WILSON,MARNIE,K

SSN: [REDACTED]

Phone:

In File Since: 6/87

Date of Birth: [REDACTED]/68

Current Address:

THORNTON CO. 80241

Reported 10/09

Previous Address:

EASTLAKE CO. 80614

Reported 7/11

EMPLOYMENT

CONVERTIS

Position:

Start:
End:In File Since: 10/12
Effective: 10/12

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